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NO. 2

SOME REMINISCENCES OF STERNBERG HOSPITAL

By MRS. H. C. LOUNSBERY

Chief Nurse

(Concluded from page 5)

WHEN Miss Maxwell left the hospital she gave over to me several hundred dollars which had been sent her by friends, with instructions to spend it for luxuries for the sick soldiers. Most of it went for ice-cream, which was eagerly devoured by the patients. I recall some very funny things as I think of the sick soldiers and their *diets*. The doctor, while making "rounds" one morning, said to the nurse, "Miss —, this man may have chicken-soup to-morrow if his temperature keeps down to normal." This was said in the patient's hearing, and Miss — made a note of the instructions and passed on. The very next day there was a great "peep-peep-ing" heard under this man's bed. Upon investigation it was found that he had a dozen tiny chicks there in a box. The patient explained that the doctor had said he could have chicken-soup. A ducky had come through the ward with these chicks and had sold them to this poor fellow for four dollars. "But," said the nurse, "these are too little to cook." "Well—yes," said the man, "but they'll grow, and I reckoned the boys would bring me crumbs to feed 'em." Imagine bringing up chickens under a typhoid-fever patient's bed! The case was brought to me. I bought the chicks and gave the man his four dollars, and sent him some canned chicken-soup; but I always thought he felt aggrieved that I did not allow him to maintain his private poultry-yard.

The home gifts the soldiers most enjoyed were the "housewives" that came with every box—sometimes two or three dozen in a box. No two lots were identical, though they all contained needles, thread, and buttons. As they were given out, it was a matter of much speculation as to just what "extras" would be found. They were keenly appreciated,

and one could hear the comments on all sides as the strings which bound them were untied and the contents examined. "Say, Tennessee," one would call, "what have you got in yours? I got a knife in mine and—postal cards." "Well, Kentucky," would be the reply, "I ain't got no knife in mine, but I got paper, envelopes, and—*stamps*, by cracky! and here's scissors." These extras delighted the men and were loaned or exchanged endlessly. It was always interesting to hear the soldiers talk to one another, and they invariably were called by the name of the State from which they came. No one who was at Sternberg will ever forget "Oklahoma Bill," who drove the water-cart.

It is very amusing to remember how ignorant we all were of army ways when we first went into camp. I think I am right in saying we all were influenced by the purest patriotism in going. I know it seemed to me a wonderful thing that my country really needed me, and I joyfully went, anxious only to help. I knew nothing of the best way of getting into army work. As I happened to be in Washington, I went to Dr. McGee's office—sent there by some friends. I was told by others that I would only waste time going there, but I went and offered my services, and, of course, signed the contract and was sent off. The contracts came for the nurses a few days after I had arrived in camp. Most of the nurses had come from the North and Northwest, and had never heard of any contracts. They did not know why they should sign such elaborate papers. They had come to nurse the soldiers, they were doing their best, and were very successful,—why, then, this (seemingly) useless palaver? It took all of Miss Maxwell's eloquence, backed by Miss Stone's and mine, to make them feel that they were not binding themselves over to something intangible or dreadful. At last they grasped the idea that the contract only meant that the government wished them to be regularly recognized as a part of the army, and most of them signed.

The thought that upon their conduct and efficiency then and there would be based the action of Congress as to whether women should or should not be regularly employed as army nurses, be looked upon as part of the army hospital equipment, was urged upon them again and again, and most of them seemed to feel this responsibility and governed themselves accordingly.

The close attention and elaborate care demanded by modern methods was given just as freely and skilfully to all of these men as if each nurse had only a single private patient to look after. The enclosed government fever chart will show how carefully the men were nursed. These did not come to us until I had been in camp about two weeks, and it required much labor for the nurses to go back over all their old charts and records to make these government charts out properly.

Record of Variations of Temperature beginning

October 4th

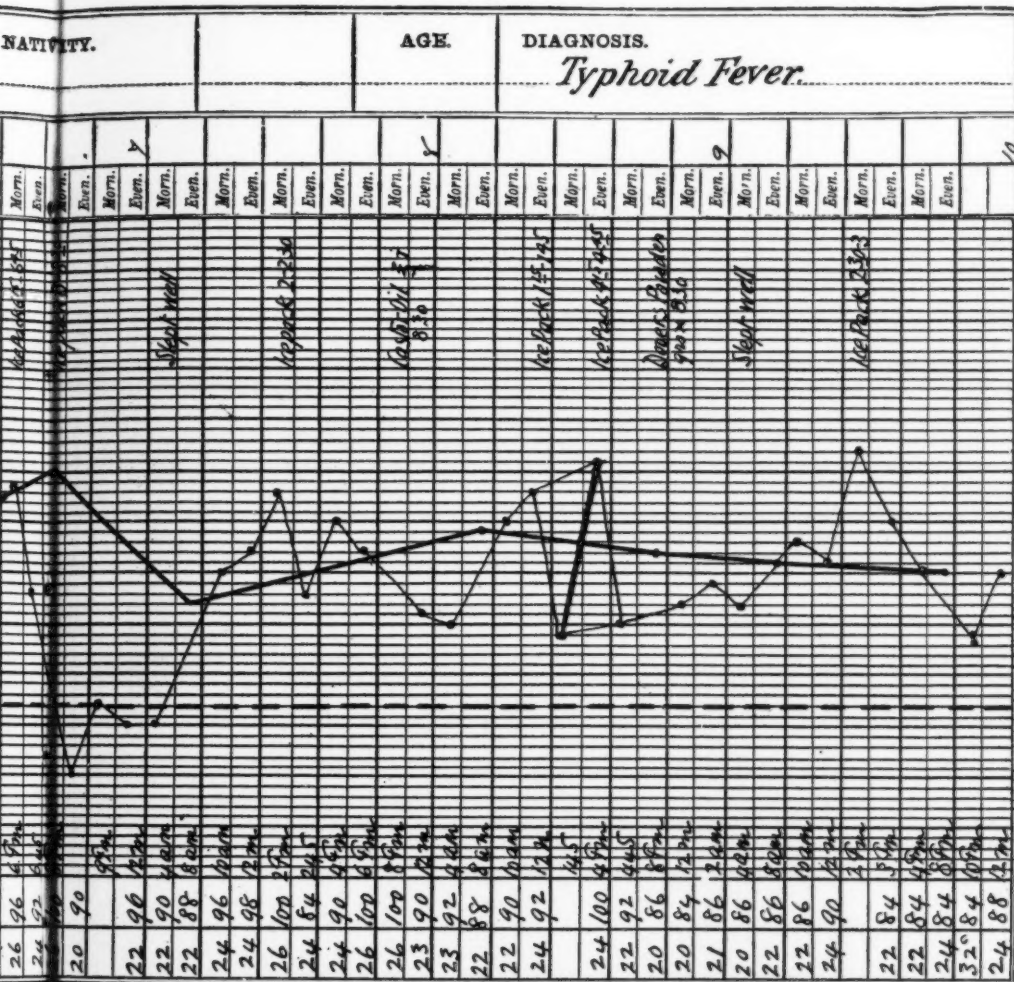
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| NAME. | COMPANY. | | REGIMENT. | | NATIVITY. | |
|---------------|----------|-------|-----------|-------|-----------|-------|
| | | | | | | |
| Day of Month. | 4 | | 6 | | | |
| Time of Day. | Morn. | Even. | Morn. | Even. | Morn. | Even. |
| 107° | | | | | | |
| 106° | | | | | | |
| 105° | | | | | | |
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| 97° | | | | | | |
| 96° | | | | | | |
| 95° | | | | | | |
| Pulse. | 84 | 80 | 86 | 84 | 90 | 82 |
| Respiration. | 20 | 20 | 21 | 22 | 23 | 23 |

Medical Officers are requested to exercise the greatest care and thoroughness in preparing the clinical history of the medical and surgical history of the present war. Whenever possible the text should be illustrated by sketches of the writing space under any of the headings be insufficient to give the necessary information, this should be supplied by sketches. The writing must be plain and in ink.

Accurate information on the effects of the modern bullet is especially desirable. In the clinical study of the effects of the bullet described, the track of the bullet marked on the outline figures of the "Surgical Report" and the effects on bones and organs should be carefully estimated and accurately recorded. The remote results of gunshot wounds should be promptly made out and forwarded to the Surgeon General.

4th, 1898, at Sternberg U.S. Hospital Chickamauga Park



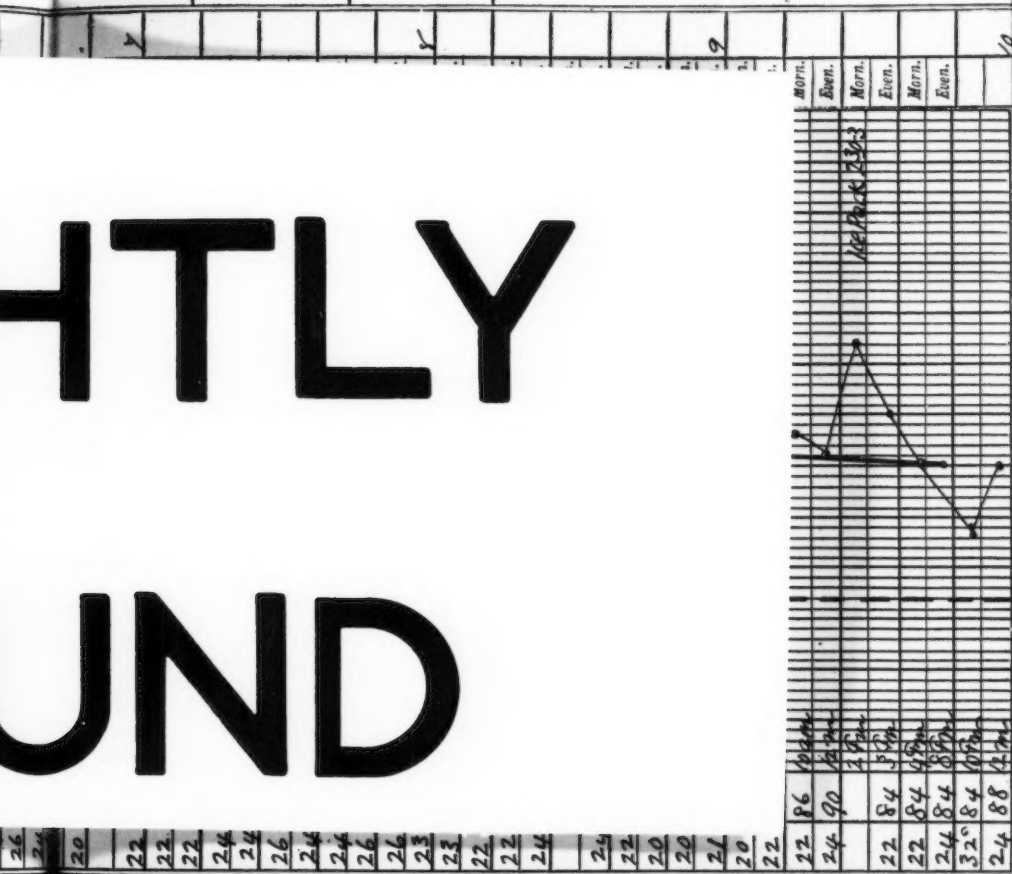
During the clinical histories of medical and surgical cases for the purpose of obtaining reliable material for illustrated by sketches, drawings, or photographs, which should accompany the clinical report. Should the this should be supplied by an extra sheet of paper attached to the report and the place indicated where it

clinical study of this subject the probable range distance should be stated, the wounds of entrance and exit the shots on bones, joints, and soft tissues carefully noted. The amount and character of hemorrhage and results of gunshot wounds deserve a careful study and should be incorporated in the final report. On the General.

TIGHT BOUND

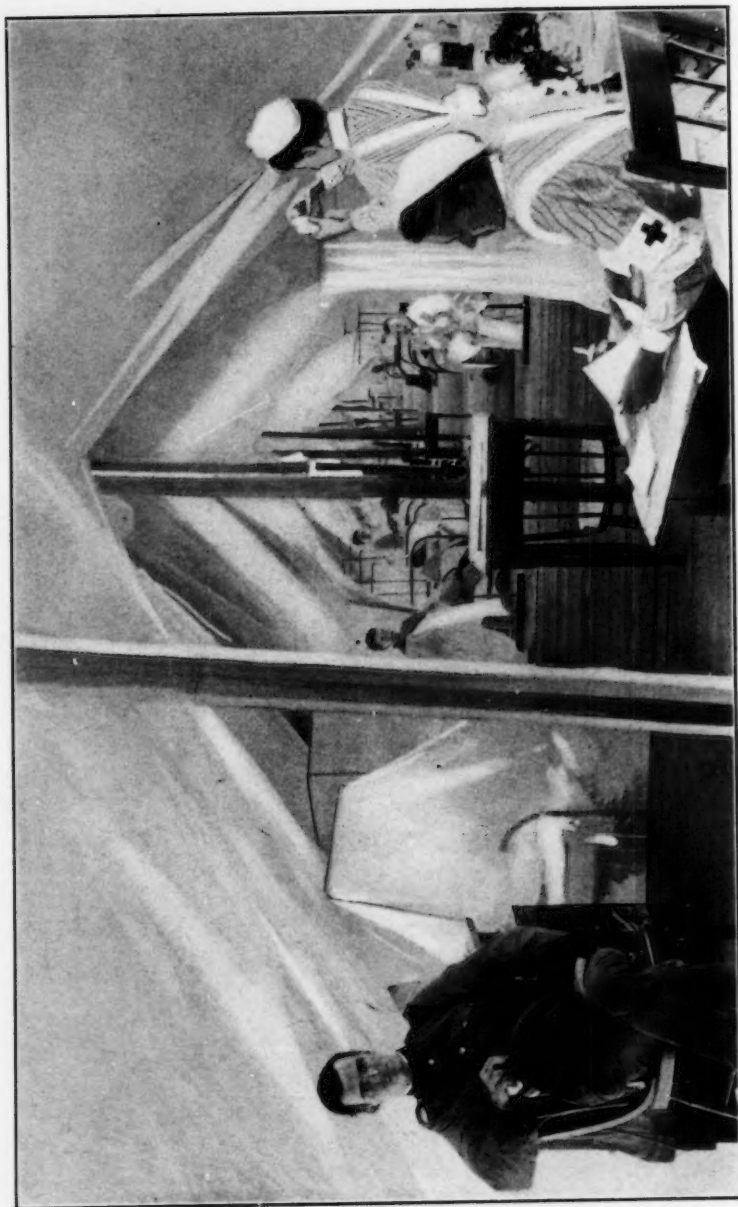
Accurate information on the effects of the modern bullet is especially desirable. In the clinical study of the described, the track of the bullet marked on the outline figures of the "Surgical Report" and the effects on bones, the degree of shock should be carefully estimated and accurately recorded. The remote results of gunshot wounds, the termination of the case the report should be promptly made out and forwarded to the Surgeon General.

| | | |
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| NATIVITY. | AGE. | DIAGNOSIS. |
| | | <i>Typhoid Fever.</i> |



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NO. 4. A SECTION OF TENTS FULL OF SICK SOLDIERS

A favorite walk, when the nurses had some "off duty," was to a cotton-field about a mile distant. The nurses, being from the North, had never seen a cotton-field white with the ripe balls, and it was, of course, a great curiosity, and each one plucked a branch to take home. Imagine our surprise and dismay at learning one day that we were ruining some poor man's cotton crop! It had not occurred to anyone that if one hundred and sixty-seven nurses should each go and help herself to a branch full of cotton-balls it would have any effect on the sum total of that particular cotton-patch. The owner, however, was not so dense. He, perhaps, had had his fields visited by Northern curiosity-hunters before, and he stationed several men in his patch to warn depredators away. It is needless to say that no more cotton was brought to camp to carry home. Every nurse was obliged to have a "pass" signed by our commanding officer when she went outside of the picket lines. These "passes" were made out quite formally: the bearer's name was written in, it was dated, and the length of time she was to be away was specified. The nurses never went without these passes, but the polite pickets would never look at them! They were so impressed by the nurses and their work for them or their fellows that when one of them appeared they presented arms or bowed, and she passed on. It was very funny to me. I used to wish, just for the sake of discipline, that a pass would some day be demanded, but such a thing never happened.

The long working hours, the unaccustomed heat, and the impure water told in time upon the nurses. The first day I arrived in camp one was sent home in the first stages of typhoid fever. We had after that some one or more than one always on the sick-list. If at all possible, they were sent home as soon as it was decided that they had "the fever," as we had no accommodations or conveniences for nursing in the nurses' dormitories. We tried hard to keep them from being sick, feeling that it was wiser to send three home needlessly than to keep one in camp and have a long and perhaps fatal illness. I remember of two cases that left camp with high temperatures, and the next day they were better, and on reaching home felt well! The Third Auxiliary of the Red Cross of blessed memory had sent us a most judicious representative, and we tried to seek out those who were most fatigued and probably ready to break down, and these were sent by twos and threes, and later, when they could be spared, in larger groups, to Lookout Mountain, to the beautiful hotel there, and here they rested for two or three days or a week, the Third Auxiliary paying all their expenses while away. The nurses always came back refreshed and invigorated by their outing, with one or two exceptions, and these had, later, to be sent home, sick.

It was curious and interesting to see representatives of so many

training-schools working together. There was always much pride manifested in one's Alma Mater, and school badges were, of course, very much in evidence. Nothing would bring a nurse more quickly to a sense of her duties than to ask if in her training-school she had never been instructed as regards this or that. The different uniforms were also interesting; most of them were blue,—blue and white stripes, blue and white checks, blue and white plaid, plain blue,—but pink was not absent. There were with us nurses from ninety-one different schools, and but two wore pink uniforms. The caps were as diverse as the uniforms. Every kind of cap was to be seen, from a tiny square of lawn, to quite an imposing erection of starched linen and quilled ruffles. We had all kinds and forms. It seemed to me that the dainty "Red Cross" cap furnished by the Third Auxiliary was the most universally becoming.

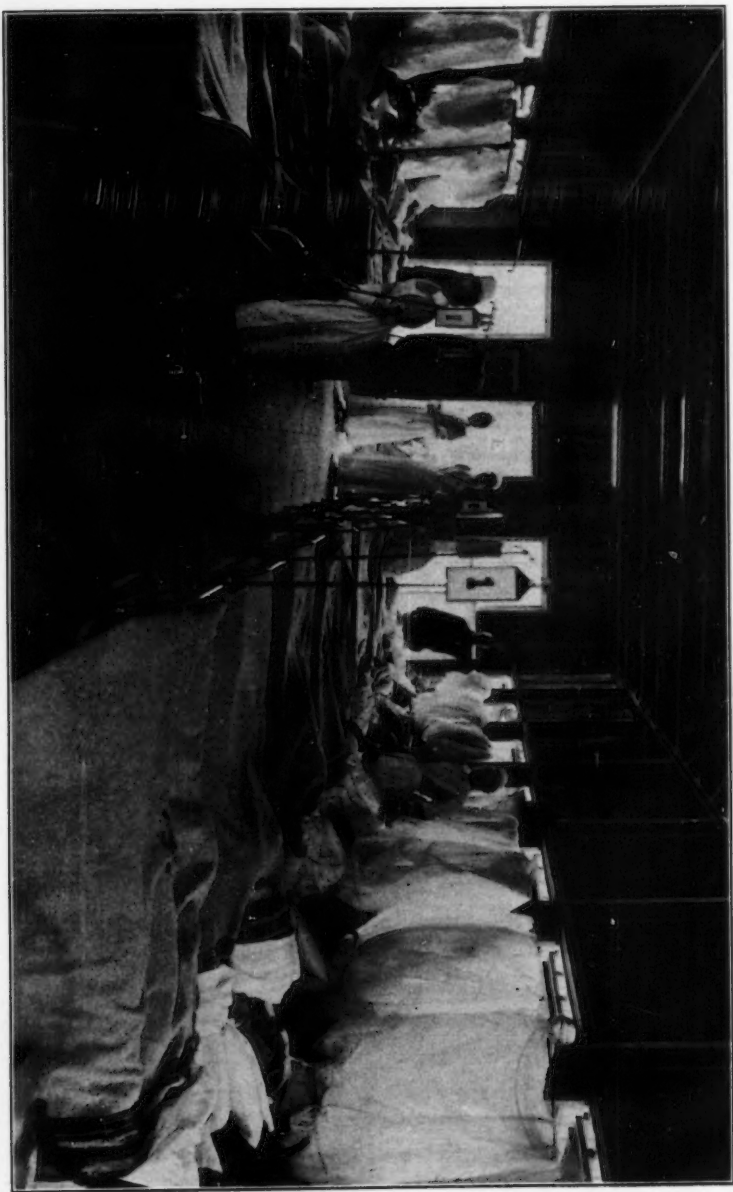
Time and space fail me as I think of all the pleasant, if arduous, work of that autumn,—work that seemed so satisfactory, work that was so delightful to us because we realized, perhaps for the first time in our lives, that we were patriotic, that it was a joy to give of our best for our country, that for once she needed women in her extremity as well as men, and that of all her daughters we only were called to serve her.

Many incidents crowd to mind as I write, but this paper is already too long, and I must only mention the delightful evening when all the nurses were invited over to General Breckinridge's head-quarters to see the fancy firing of a Kentucky regiment just starting for home; the camp-fire, when some troubadours from a colored regiment came over and sang for us and afterwards danced some wonderful breakdowns; the gradual thinning out of our hospital; the sending of nurses to other hospitals or to their homes; the oncoming of the cold weather and our efforts, not always successful, to keep warm.

The memory of those days will ever remain with me. The loyalty of the nurses, their obedience to orders, their patience when reprimanded, their anxiety to do their whole duty, their courtesy, and the friendships I have formed with some of them give me many happy hours in retrospect.

This is written with the hope that some of the chief nurses of the other hospitals will write of their experiences while in the army.





No. 5. INTERIOR OF THE PAVILION



No. 6. NURSES' DORMITORY

SELF-DISCIPLINE *

By EMMA L. STOWE

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WHEN the council's letter came, asking me to write a paper on "Self-Discipline" for this meeting, many things passed through my mind, and many nurses passed before me who had been helped to become efficient, capable, trustworthy workers, holding prominent positions in the nursing world, by encouraging this strong factor—self-discipline.

It is not of rapid growth, but slow, though sure to bear good fruit. It begins with an ability to bear disappointment with cheerfulness and self-poise and continues on through life; for, once acquired, it becomes a part of one's self—a strong, character-building quality, bringing out one's reserve force in the hour of need.

Self-discipline should be taught early in the nurse's course; she should be told, when a probationer, that self-restraint and self-reliance are needful, that she must put forth her best efforts, make up her mind that nothing short of the best she is capable of will be acceptable to those in authority, and that she must succeed.

A proper amount of encouragement should be given, while the nurse is made to feel that she is being observed and her work criticised for her good. She should accept criticism as it is meant,—in friendliness. We must make the woman in her feel that where much is expected, much must be given; for we give that which is expected of us, whether much or little, if we are in earnest. Whatever we are satisfied with is our portion from others.

Again and again we need self-discipline to reconcile us to duty. Who does not at times fret at work to be accomplished? A duty calls, we attend to it; we think we can rest, be free from care; but an emergency arises obliging us to continue our numerous cares, and we seem to have strength given to us to go on—I had almost said indefinitely—before the rest we have been looking forward to can be attained. We are never free from responsibility in some form or other after we have reached the years of discretion. Duty after duty and care after care are ever before us. Disappointments must be met with a smile, or possibly a sigh. When we would be free and amused, we must be ready to accept the commands of circumstances, which are always changing and urging us to our utmost efforts.

Accordingly, self-discipline becomes a part of our character and of

* Read at the Convention of the American Society of Superintendents of Training-Schools for Nurses, Detroit, September, 1902.

our moral life. It helps us to bear our trials and tribulations with fortitude and equanimity.

In training our nurses I do not know how this lesson can be taught with impressiveness except by precept and example. Let the nurse understand that when a duty has been given her to perform, no matter how difficult or unpleasant, she must act from a high sense of responsibility and perform that duty as faithfully as though she felt the eyes of the doctor or those of her superintendent upon her.

Self-discipline tends to make the nurse self-reliant, it gives her a truer insight of the work, and she works from a higher motive and with a clear and distinct knowledge that nothing but her best efforts will avail. She will never be automatic or machine-like in carrying out orders, a fault often complained of—justly or otherwise. Her sympathy for the patient will cause her to be gentle, thoughtful, and tactful.

Self-discipline strengthens sympathy. She has become more sympathetic through self-discipline; without sympathy, she is without the very key-note of nursing, which depends upon sympathy for success,—not the sympathy that simply expresses a *wish* to do something to relieve, but the good, practical sympathy that puts one's hand into one's pocket, as it were, and *does* something that is really helpful.

Let the nurse feel that her success depends on her ability to overcome her own physical desires; that she must be willing to give up many comforts—even needed rest, if necessary—when duty demands her services.

She has entered upon a work where human lives are at stake, and nothing should interfere with her assuming all the responsibilities of such a work and life. It is no slight undertaking, but the work of a strong, vigorous nature, toned down by experience and the successful overcoming of one's self. She is a wise nurse who learns this early and profits by the teaching.

If we are to study, we must have in mind the end to be attained. We must seek to know all that relates to our special work.

We shall not reach perfection,—unfortunately, that is not to be attained,—but we may approach perfection, and that principally by our own efforts towards character-making. That every victory over one's self opens possibilities for further victories is well known. The self-disciplined nurse will always be in demand. In the hospital ward, as she assumes one post of responsibility after another, she will be recognized by the quiet order which prevails, by her gracious dignity, and the manner in which she appeals to the best in her assistants. Her influence is greater than she may know, and there is an atmosphere of peace and order that seems natural to that ward. Her own grievances

and trouble are not allowed to appear in the ward, and no one is aware that the head nurse is sick or upset in any way. Thus, by keeping good control of herself she conquers all obstacles and is looked up to and loved and honored by those connected with her. When she enters the homes of others as private nurse, seeking to make a reputation for her own future welfare, she will be a comfort to those in grief or trouble by her calm personality and the quiet self-control which leads the weary and heart-sick members of the family to rely on her and to put their burden on her strong shoulders, feeling that she is to be trusted until they can take it up again. She may never realize what she has been to those in affliction, but they will always remember her. Her position in the hospital has neither made her arbitrary nor domineering, but has brought out and developed those qualities that are purely womanly, that she may have been unconscious of possessing. It will never be said of her that she is lacking in sympathy or tactfulness. Her very presence will be a blessing in the household of the suffering.

I do not doubt it will take years to acquire the self-control and self-poise so necessary to develop the self-disciplined nurse.

THE ESSENTIALS OF BACTERIOLOGY *

By JAMES W. HUNTER, JR., M.A., M.D.

Norfolk, Va.

A PART of your education as nurses has been neglected, unless you possess some little knowledge of the bacteria,—on one hand, our deadliest enemies; on the other, our warmest friends. To you the medical profession intrusts the lives of its patients, and it is well that you should know the nature of the cause of the ills which you seek to cure.

It has been said that the bacteria are, on the one hand, our deadliest enemies, and, on the other, our most valued friends. Let me emphasize this; let me illustrate more clearly. The causes of almost all diseases have been proved to be bacteria,—for example, diphtheria, scarlatina, pneumonia, tuberculosis, erysipelas, all kinds of pus, and a host of others. These we must fight as long as we live, and the length of our lives, in the majority of instances, depends upon which has the stronger sustaining power, the bacteria or ourselves. It is another phase of the Darwinian axiom of the survival of the fittest. And yet were it not for the bacteria there could be no vegetation, no animal life, no life of any sort,—only a

* Read to the nurses of the Norfolk Protestant Hospital.

dreary earth, a mass of death. For you must know that the nitrifying action of the bacteria of the soil allows the growing plants to assimilate certain elements which otherwise they could never obtain. Again, the beneficent action of certain water bacteria changes nitrites into nitrates, making it far more wholesome. Thus it is that in the rotting of animal and vegetable matter, the bacteria remove that which is offensive, and render this same material productive of the highest good.

You should remove another fallacy from your minds. Morphologically and physiologically considered, the bacteria are plants, not animals. All animal and vegetable material is composed of cells, but with this difference: an animal cell has no encircling wall; a vegetable cell has. Judged by this standard, the bacteria are plants. The plant receives carbon-dioxide, nitrogen, oxygen, hydrogen, iron, soda, potash, etc., and builds up more complex bodies, chlorophyll (the green coloring material of the leaves), starches, sugars, oils, and albumins. Animals, on the contrary, receive the completed products from the vegetable world, assimilate to their own bodies that which they wish, and return carbon-dioxide, water, and urea. Thus plants take the elementary substances and build up more complicated ones; animals destroy these products, and give off simpler ones. Judged also by this standard, the bacteria are plants.

Having now determined that the bacteria are plants, let us try to find their place in the vegetable world.

There are four great divisions of this world: *first*, the seed plants, or Spermaphytes; *second*, the ferns, or Pteridophytes; *third*, the mosses and lichens, or Bryophytes; and, *fourth*, a group called, for lack of a better name, the Thallophytes. In the first three classes there exists a differentiation of the plant into root, stem, and leaves; in the Thallophytes, no such arrangement exists.

The manner of reproduction also differs. In the seed-plants there exists in the blossom one, and sometimes two, long stamens, the pistil, this is the female element, and in it grow several ova. The other stamens produce a pollen, these are the male elements. Now the pollen, scattered by the winds and by certain insects, notably by bees, comes in contact with the ova, penetrates them, and thus gives rise to a fertilized oosperm, or seed, which in turn develops a new plant. The seed is surrounded by a dense fibrous envelope, where food, as well as life, is enclosed. Often if we will examine a seed, a miniature copy of the future plant will be found. Owing to our examination, however, that plant will fail to realize.

But with the fern there is no proper seed. True, certain spores are developed on the under side of the leaves, which fall into the ground, and in due time another fern appears. Yet the new fern is not the off-

spring of the old, but, so to speak, its grandchild. The spore falling into the ground has developed into a new organism, the gametangium, which in turn has given rise to both germ- and sperm-cells; the sperm-cells have fertilized the ova, and from the oosperm so formed a new fern arises. Thus there is an alternation of generations.

In the mosses and lichens, however, there may be a suppression of either the sporophyte or the gametophyte stage. But in the majority of the mosses there are developed by the plant both male and female elements; the male element fertilizes the ovum, and the oosperm is cast away. This finds root and a new organism is formed. The daughter marries and goes to housekeeping with her husband. With the lichens, on the contrary, the fertilized oosperm remains with the parent plant. The son-in-law and his wife thus live upon the father-in-law, who in turn dies, and the younger folk take complete possession, until they in turn are superseded.

With the Thallophytes all is changed. Reproduction, for the most part, takes place either by fission or by spore formation, though sometimes a budding occurs. By fission is meant a simple division of a cell, whereby two cells are formed; thus one plant becomes the ancestor of many. By spore formation we describe a process in which the fibrous material formed in the cell, the chromatin, is concentrated into one mass. These may remain in the cell or be expelled. They lie dormant for a while; in due season, however, other plants spring into being. The spores are very hardy; they can stand much rougher treatment than the plant itself.

The Thallophytes are subdivided into fission algæ and fission fungi. These last are the bacteria. They are, for the most part, unicellular organisms; some have a pair of legs or flagellæ, by means of which they swim; some are motile, some not so; they form colonies, some in chains, some in clusters; some are double, some grow only in one division of space, some in two, some in all three; and some prefer one medium for culture, some another. Thus we have a means of differentiating them. Moreover, they take different stains.

But do not imagine that all algæ multiply by fission. Many of them develop both male and female elements as well, only one ovum, however, forming in its respective cavity, and from four to eight sperm-cells in their place. The male elements are provided with a pair of cilia for purposes of movement; they swim towards the ova, penetrate them, and in due season the fertilized oosperm is expelled from the parent plant.

Thus we have shown the true relation of the bacteria to the vegetable world. They are unicellular organisms, and multiply either by fission or by spore formation.

That the bacteria cause disease is now but little questioned. Yet the most absolute ignorance of this fact prevails among the laity, and, I regret to say, among some of the profession. Just as for years after the death of Copernicus many astronomers refused to accept the doctrine that the earth revolved around the sun, so many of the older physicians refuse to believe that diseases are caused by bacteria. What is more, they have no idea of practical asepsis; and, I regret to add, they do not care.

Happily for us, Professor Koch has for all time settled the question. Had he done nothing more than to formulate his famous dicta, his name would have been written high upon the pediment of the Temple of Fame. To be the cause of any disease, the suspected bacterium must be found in the tissues of an animal sick or dead from that disease. Nay, more, it must be isolated and cultivated through many generations outside of the body. An animal must be inoculated with some of the new culture, the disease in question must appear, and the bacterium itself found in the tissues of that animal. When these conditions have been complied with (and only then), we say that the bacterium is the cause of the disease. Could any proof be more positive?

It is useless to trouble you with an elaborate classification of the bacteria, but you should understand the fundamental forms which the bacteria assume. A round or oval bacterium is called a coccus. If it exist in bunches, it becomes a staphylococcus; if in chains, a streptococcus; if in pairs, a diplococcus, and so on. A rod-shaped bacterium, on the other hand, is a bacillus. Thus we have the *B. Diphtheriæ*, *Tubercle Bacillus*, etc. Originally the short rods were known as bacteria, the longer as bacilli. But, fortunately, this differentiation is no longer recognized. The term bacterium has become generic. Again, if the bacterium assumes a spiral form, it is a spirillum; and if short, a comma, from its resemblance to that mark of punctuation. And of these perhaps the deadliest is the famous comma of Koch, the spirillum of Asiatic cholera.

The bacteria may also be classified according to whether they do or do not require oxygen for their existence. Those requiring oxygen are called *aërobic*, those to whom oxygen acts as a poison *anaërobic*, while those ordinarily living in the air, but capable of existing without oxygen, are known as *facultative anaërobic*. And right here let me call your attention to a very important fact. You have heard it said (and you thoroughly believe it) that no life can exist without oxygen. With one exception, this is strictly true, and that exception is the *anaërobic bacteria*. The bacilli of tetanus and of malignant *œdema*, two of the deadliest of all the bacteria, are strictly *anaërobic*. Woe to the man so unfortunate as to become the prey of either!

A still broader classification of the bacteria would divide them into saprophytes and parasites,—a saprophyte being one that lives upon decaying organic matter, a parasite on living material. Thus the bacteria of the soil, as well as that in the intestine, the *B. Coli Communis*, are strictly saprophytic. On the other hand, those bacteria causing pus and all manner of diseases are parasitic, though most of them can be grown upon nutrient media. Thus they are persuaded to renounce a state of parasitism for one of saprophytism. The odor of a culture upon any medium will convince you of this fact.

Bacteria prefer different media, though happily most of them can be cultivated upon the potato or upon bouillon, either in a fluid state or with gelatine or agar-agar (a gelatinous sea-weed from Japan) added. Yet this is not true at all. Glycerine must be added to obtain a culture of the Tubercle Bacillus; that of diphtheria grows best on a specialized blood serum devised by Löffler, while the typhoid bacilli, though growing readily upon ordinary media, can be cultivated, to the exclusion of certain others, by the addition to the gelatine or agar of a large quantity of grape-sugar. Thus you will see that the manner of growth upon the different media, furnishes us with another means of identifying the bacteria. And it may also be added that the bacteria grow best at the temperature of the human body.

Of the way that the bacteria act many theories have been formulated. These we shall briefly discuss.

It was suggested that the bacteria acted mechanically by obstructing the various tubercles of the body of the patient. But this cannot be. Though the *B. of Anthrax* was found in large numbers in the capillary tubes of persons dying of that disease, it has been conclusively proved that no mechanical action caused the disease. Thus the mechanical obstruction theory falls to the ground.

Yet some other ingenious minds devised another theory. The bacteria were supposed to deprive the system of its nourishment. This certainly was ingenious; observation of certain diseases seemed to confirm it. Yet it was noticed that in the case of persons dying from anthrax or tetanus there were no signs of emaciation; nor could the changes in temperature be thus accounted for. So this theory, like the other, must be abandoned.

Again, it was thought that the air was withdrawn from the system by the bacteria, who appropriated the oxygen to themselves. But how about the strictly anaërobic bacteria? Moreover, sick persons do not always die from suffocation. Therefore this theory, like those preceding, is unsound.

Still another theory is left. This is known as the zymotic, or fer-

mentative, theory of bacterial action. As the common yeast-plant, the *Saccharomyces Cerevisiæ* of the botanist, splits sugar into alcohol and carbon-dioxide in the rising of bread, so a split fermentation takes place among the fluids of the body. Deadly toxins and ptomaines are formed, and it is these acting upon certain centres of the brain that cause the symptoms so common to the ordinary diseases. You know them well,—fever, loss of consciousness, increased respiration, etc. And, further, as no animal can live in its own excreta, so an antitoxine is formed in many diseases, and this tends to cure the patient. Thus the supporting treatment for diseases is coming largely into favor. The life or death of the patient depends upon the ability of the system to resist the bacterial invasion. All points of observation are satisfied by this theory, and it should be added that it is now universally believed.

But are there no methods of getting rid of the bacteria? Yes, fortunately, there are. You may use chemicals, especially bichloride of mercury, carbolic acid, permanganate of potash, formaldehyde, and a host of others. But let me warn you against a too fond belief in the chemical method of sterilization. The outside of the object may be absolutely sterile, but the inside as foul as ever. You may soak catgut affected with anthrax almost indefinitely in bichloride of mercury, but woe to the patient upon whom it is used! As sure as the sun is in the heavens, that patient will contract the disease.

Thus we are face to face with another question. The only perfect method of sterilization is by the employment of some form of heat. Dry heat is good, but the articles sought to be sterilized are often ruined. Moreover, a longer time and a higher temperature are required. Moist heat is best, and this can be obtained either by the use of steam, as in the Koch or Arnold sterilizer, or by boiling. The choice of either method must be regulated according to the articles to be sterilized. Dressings are best sterilized by steam, instruments by boiling.

Again I warn you, do not put too much confidence in either carbolic acid or bichloride; the only perfect method of sterilization is by the use of heat. But often, as in the case of the hands, this is out of the question; hence chemicals must be used. And do not think that one sterilization is going to be enough. Some spores will resist the temperature of steam. In such cases either superheated steam must be used, or the articles sterilized on three successive days, in order that the newly hatched crops of bacteria may be destroyed.

You cannot be too careful in your asepsis. Dirt is the greatest enemy of the human race. You must not introduce any microorganism into the human system; you should strive to conserve the patient's strength. Think, I beseech you, upon the fatal result of the introduction

of anthrax, tetanus, malignant œdema, tuberculosis, erysipelas, or any of the pus germs, especially the streptococcus, into the tissues of a patient! Think of it, I beg you, and be ever on the alert. Such a crime is little short of murder. Let me repeat it: the bacteria introduced into our tissues are our deadliest enemies; outside of the body they may be our friends. Strive by all means in your possession to get rid of all sepsis, for your lives and mine must be largely spent in fighting the bacteria.

THE WORK OF THE INDIAN ARMY NURSING SERVICE *

By MISS WATT
Allahabad, India

IN attempting to give a brief account of the Indian Army Nursing Service, its advantages and disadvantages, in a way which may possibly be helpful to some intending candidate, two difficulties present themselves: first, that it is almost impossible to give an accurate picture of Anglo-Indian life to those who are strangers to it; in the second place, it must never be forgotten that fifteen years have to be spent in any part of India, and no one can foretell the effects of climate on the health.

Fifteen years' hard labor in a trying climate ought only to be attempted by the vigorous and strong. A weakly, delicate woman is not only a burden to herself, but a source of never-ending anxiety to her superiors, while her work must necessarily be less well done, however excellent her intentions.

All the rules and conditions of the service are clearly laid down in a small blue-book issued half yearly. This in itself is no small advantage, as before engagement all the rules can be studied and each candidate can be sure of the nature of her agreement.

Application for admission is made in the first instance to the Under Secretary of State for India, India Office, S. W., and a form is received which must be accurately filled up and returned with the numerous necessary certificates attached.

If the candidate be accepted, she receives fifteen pounds outfit allowance (which is quite insufficient), and she will probably be ordered to embark on a transport about a month after appointment.

Pay begins from date of embarkation, with the addition of exchange compensation allowance, and the deduction of income tax (which always

* Sent to the International Congress at Buffalo, September, 1902.

seems an unnecessary hardship). The pay averages one hundred and eighty rupees per month, about eleven and a half pounds English money. This sounds high, but it must be remembered that board is not included. The sisters receive from government free "furnished" quarters, fuel, lights, and punkah coolies, but no allowance for messing.

The quarters allotted are, as a rule, convenient and comfortable. Each sister has a bedroom, dressing-room, and bath-room, in some cases a private sitting-room, besides a general drawing-room and dining-room for common use. "Furnished" quarters means that the heavier articles of furniture, beds, tables, wardrobes, chairs, etc., are supplied by government in each station. All cooking utensils, crockery, table and bed linen, cutlery, plate, and glass have to be found by the sisters, and this is a somewhat serious tax on the pay.

It is usual for the senior sister to do all the housekeeping, and either make a monthly charge for supplying all household necessities or charge each new-comer an entrance fee, the money being devoted to replacing wornout things and breakages. The messing bills may be taken to amount to fifty rupees per month as an average. If government could be induced to grant one hundred rupees yearly to each establishment of nursing sisters much trouble would be saved.

We will now suppose that the new sister has arrived in India, and (to take an ordinary average case) that she forms one of three sisters working in a station hospital. One sister will be on night duty for a week, her hours being from nine P.M. to seven A.M. Sister No. 1 will be on duty from seven A.M. till two P.M., and Sister No. 2 from two P.M. until eight P.M., unless there are very acute cases, when she will remain until relieved by the night sister.

These hours are slightly varied in different stations, but the above is a very usual arrangement. In comparison with a London hospital nurse's day these hours seem short, but in a bad climate and with the endless worries entailed by working with orderlies and native servants the work will be found quite sufficiently fatiguing.

Each sister is entitled to two-months' privilege leave every year on full pay. Three-days' hospital leave and ten-days' station leave can often be obtained. After serving without privilege leave for two years and nine months, three-months' leave may be granted to allow of a short visit to England. After five-years' service the sisters have one-year's furlough on two-thirds pay, with free passage out and home.

At the end of her five years a sister may retire from the service with a gratuity of five hundred rupees; after ten-years' service fifteen hundred rupees are given, and after fifteen years a pension of fifteen pounds may be hoped for. After twenty-years' service a pension of sixty pounds

a year is promised, but it seems improbable that many sisters will serve so many years.

For lady superintendents the gratuities and pensions are proportionately higher, but as there are only four lady superintendents, a sister's chances of occupying this proud position are but slender.

The senior sister in each station receives twenty-five rupees per month extra, a small enough compensation for the worries of house-keeping.

Once a year the lady superintendent inspects each station in her presidency, and writes a "confidential report" on each sister as to the manner in which she has performed her work, whether she has "maintained pleasant relations" with the other sisters, her aptitude for training orderlies, and her conduct as a whole. The lady superintendent must, of course, be guided by the reports of the medical officer in charge and of the senior sister. However, one golden rule enjoins that if the report be unfavorable, it must be communicated to the sister concerned, so if she thinks that any injustice has been done, she has an opportunity for representing her side of the case.

The sisters' intercourse with the medical officers will almost invariably be pleasant; as a rule they thoroughly appreciate good work, and the prejudice against "women in military hospitals" is almost non-existent in India. The person with whom it is sometimes difficult to work harmoniously is the Eurasian "assistant-surgeon." He combines the functions of a dresser and a dispenser, and is supposed to maintain discipline in the wards.

But while all the above conditions of service are fair, and although the sisters' Indian life may be in every way a pleasant and useful one, there are at present some grave drawbacks in the Indian military hospital system which are a hinderance to successful nursing work.

The principal changes which, in the writer's opinion, ought to be introduced are: (a) in the training of orderlies; (b) in the army native hospital corps.

(a) At present, a rough, uneducated private is introduced into a ward full of enterics. At the end of three months a miraculous change is supposed to have been effected, whereby the man is fully qualified to work by himself in charge of a ward in some hospital where there are no sisters.

Why should an uneducated man be thought capable of learning the whole art of nursing in three months, when a well-educated woman cannot be trained in less than three years? In three months the orderly can be taught to fetch and carry, to do as he is told, and to be a fairly useful pair of hands while working under a trained head. But the training of

orderlies to fit them for independent posts should surely be prolonged for at least twelve months. Then only the exceptional men, possessing the moral qualifications of sobriety and intelligence, should be given certificates. At present the orderly's certificate is not worth the paper on which it is written.

(b) The army hospital native corps is at present composed of the scum of the bazaars, insufficiently paid, working under impossible conditions (*e.g.*, a fine of two annas per month can be deducted *once* only during the month for grave misconduct among the lowest grade). Until some radical reform takes place whereby respectable natives, properly paid and severely disciplined, can be obtained, the native service of the hospital will always be a bar to really efficient work.

The chief reforms suggested in the present conditions of the working of the service are:

(a) That a messing allowance of one hundred rupees per annum be granted;

(b) That the time of the orderlies' training be increased to twelve months;

(c) That the army hospital native corps be remodelled so as to secure a certain measure of efficiency.

In conclusion, the Indian army nursing service offers every prospect of happiness and congenial work to a well-trained, strong, and healthy woman. The drawbacks which can be removed are minor ones, and the chief drawback—that of hard work in a bad climate—must be taken into account by each individual candidate before entering the service.

WAYS AND MEANS OF LIVING IN THE ADIRONDACKS

By MARIAN WATT

Graduate Johns Hopkins Hospital School for Nurses

THE outdoor treatment of tuberculosis is so generally understood that it need not be described in this paper, the object of which is to give such practical information as may be of use to some one who, perhaps without warning, is ordered to the Adirondacks, or to nurses who may be responsible for the comfort of their patients in out-of-door surroundings.

The winter is the season when the great fight against tuberculosis is made in the Adirondacks. Conditions of living are more difficult because of the extreme cold, the thermometer falling to twenty or even forty degrees below zero, and for many months the snow is so deep it is

almost necessary to live in the village. Here at Saranac Lake are to be found all classes of boarding-houses, ranging in price from five dollars to twenty-five dollars per week, but to pay less than eight dollars per week is not advisable, as the food in the cheaper houses is unsuitable for one in poor health. To reap the full benefit of the life it is really necessary to pay from twelve dollars to fifteen dollars per week, when the added advantages far outweigh the additional cost, provided one can afford it.

A desirable house can be rented for forty dollars per month in the village or for twenty-five dollars in slightly inaccessible locations. The best houses rent for from fifty dollars to three hundred dollars a month, and all are furnished. There are no cottages in the village with less than six rooms, so there is often an opportunity to take one or two boarders or to rent a room if it is necessary to consider expenses very carefully. The cost of housekeeping for two in winter would amount to at least one hundred dollars per month, and if a servant were kept and some greater degree of luxury indulged in expenses would easily run up to one hundred and fifty dollars per month. Coöperative housekeeping has not been tried very much at Saranac, but such a plan, if carried out on practical lines, might obviate some of the unpleasant features of the boarding-house.

During the summer months, from July until October, nothing is better than camping in well-floored and well-protected tents. The flooring should be raised three feet above the ground and extend well to the front, where the "fly" forms a piazza where a hammock can be hung or a couch placed for the invalid. The "fly" is a very necessary adjunct to the ordinary tent; it protects the inner canvas from rain and sun. For ventilation the inner canvas should be open at the top around the ridge-pole, and arranged with ropes to close when desired. To protect from draughts at the bottom a board may be nailed along the edge of the platform outside.

The situation of the camp should be carefully chosen, so that it may be in a cool, airy place, sufficiently shaded from the sun without being in dense shadow. That there shall be a good supply of pure water is very important. If camping on State land, the dead wood may be cut for fuel.

A tent ten by twelve feet, properly made and put up, should cost from twenty-eight to thirty dollars. The furnishings are generally extremely simple. A very comfortable bed can be made by using a canvas cot and placing branches of balsam pine across one another over it. This makes a delightful, springy bed if properly arranged, and changed sufficiently often not to allow the needles to drop from the branches. The

balsam should be covered with a rubber sheet and over that a heavy woollen blanket. Each tent should be provided with a stove. The cost of food is high, and for two people fifty dollars a month will not more than cover expenses.

Of course, there are numberless ways by which a little money may be earned, although there are very few business opportunities for men. Chicken-raising or a model dairy would seem to be profitable, and the preserving of fruits and making dainties for the sick might surely be a success. There is a ready sale for all fancy articles, particularly dress accessories.

The life in Saranac is in many ways attractive. There are delightful people and always a simple sociability which is very pleasant. In summer, driving or trips on the river or lakes are the chief amusements which are advised for the invalids, and in winter there is sleighing and all kinds of winter sports for those who are able to indulge in them. There is also a fine Ice Carnival held here each year, which attracts visitors from many parts. Though the village is small, the shops are fairly good, and almost everything can be gotten here. With sufficient money a surprising amount of comfort and good living can be had.

It may seem strange that the mention of the sanitarium should have been kept for the end of this little paper, but it has been so commonly confused with the place as a whole, that it seemed well to show first how the majority must live.

The sanitarium seems to be perfectly adapted to the needs of the tuberculous patients. It is on the cottage plan, and the houses are all built with the rooms on one floor, and arranged so as to have perfect ventilation in all parts, and to give absolute comfort and convenience to the four inmates. There is a large central building, with the general dining-room and kitchens; also the doctors' rooms and laboratories. There is an amusement hall and a library, a chapel and an infirmary. The place is beautifully situated, quite apart from the village, and has a fine and very extended view. It accommodates one hundred people, both men and women. The time that each patient can stay is limited to a year, but a residence of six months is the usual rule. There is always a long waiting-list, and the rules for admission are very strict. Only incipient cases or those likely to be much improved in a year's time are admitted, also none are admitted who are able to pay more than five dollars per week, the regular sanitarium charge. The cost of maintenance is greatly in excess of this small amount charged, and the deficiency is made up by Dr. Trudeau by voluntary contributions; but this is only a part of his remarkable work during the past fifteen years.

In the village there has lately been started a reception cottage, or

small hospital, where patients can go who are in too acute a stage of the disease to be admitted to the sanitarium, but whose symptoms would probably soon subside with good care and nursing, and who would then be eligible for the sanitarium. This is also partly charitable, as the charges here are only seven dollars a week. The cottage can only accommodate ten patients, but it is a great blessing to those, and the extension of this plan is something that is sadly needed.

CLINICAL TEACHING FOR NURSES *

By ISABEL McISAAC

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It needs no argument to convince this audience of the value of clinical demonstrations in teaching nurses, and every superintendent has no doubt struggled with the question of methods. No one will deny that if each probationer and junior nurse had a head nurse who is a good teacher to spend her whole time with her during her first year we would produce excellent results, but as that is entirely out of the question, we must utilize our material and time to the best advantage.

In a large school this subject is one of more gravity than in the smaller ones; the larger the school, the harder the problem. Given twenty good nurses and twenty probationers to be taught bedmaking, we may not get twenty ways of doing it, but the number will be large enough to discourage the most sanguine. Beside bedmaking, there are any number of routine duties to be taught in which we desire uniformity. If these be taught theoretically in class and then each head nurse demonstrates in her own particular way, we still get too much variety. Seven years ago I undertook to minimize this unsatisfactory variety in a very large school. Taking the methods of the surgeons in their clinics, I made our first demonstration one on beds and bedmaking. We called the class into a large operating-theatre, where there was room for practical work. We had in the arena all kinds of hospital beds, even a water-bed; all kinds of mattresses, including straw and air; all sorts of bedding and pads, rings, cradles, hot bricks, hot-water cans and bags, rubber blankets and rubber cloth for the protection of the bed, and rubber pillow-slips.

Beginning with the bed, a talk is given on metal and wooden beds, explaining why the metal is more sanitary; then a demonstration of

* Read at the Convention of American Society of Superintendents of Training-Schools for Nurses, Detroit, September, 1902.

cleaning the bed and how to prevent and exterminate vermin; then upon the care of the mattress and pillows. Every article of bedding is gone over, explaining the various materials, special attention being given to the blankets. A bed is then made up, one of the special points being to teach how a bed may be made by going around it just once, instead of running from one side to another with every article of covering. A bed with a straw mattress is then made and also a water-bed, boards are put under the spring cross-wise to make an unyielding fracture-bed. A woman patient is then undressed and put to bed; she is put into all sorts of positions and turned and lifted, pillows are put in and taken away, pads, cradles, and bed rests of all sorts are adjusted, and external heat is applied to the feet. A good deal of time is given to turning and changing positions, special stress being laid upon the typhoid and abdominal surgical patients, teaching how such work may be done without jerking and bumping against the patient or the bed. It is often as good a lesson to show the wrong way and then the right. Long and short night-gowns are put on and off the patient, and it is just here that very young nurses get their first sermon on undue exposure of the patient—a very large text, which bears any amount of preaching upon through the whole of their training. This demonstration takes two full hours, with an assistant to the teacher. Everything should be ready to begin promptly, and it will probably only be after some practice that it will be finished in two hours. I may say here that it is the most exhausting work for the teacher, who must be almost constantly speaking. She should have a schedule made out to which her assistant may also refer, that the demonstrations may go on in proper order and no time wasted. These clinics do not take the place in any way of the regular lessons, lectures, and ward teaching, but serve as a review. We require head nurses to attend one course a year.

We have eight demonstrations and give them three times a year, so that all pupils come before they are in the school any length of time. The second clinic is changing the patient from one bed to another, baths for cleanliness, combing hair, changing the bed with patient in it, sponging, packing, sprinkling, and tubbing for temperature.

THIRD CLINIC.

Local Applications.

Poultices: Linseed, bran, cornmeal, bread, onion.

Fomentations and turpentine stupes.

Plasters: Belladonna, adhesive, mustard, spice.

Blisters: Cantharides, croton oil, chloroform, painting with iodine, cupping, ice-bags and ice-coil, cold compresses.

FOURTH CLINIC.

Enemata: Alcohol sweat, artificial respiration, gastric lavage, nutritive, laxative, sedative, stimulating, saline, colonic flushing.

FIFTH CLINIC.

Getting out medicines, measures, weights, etc.; methods of administration; care of hypodermic syringe and needle.

Making solutions: Carbolic acid, bichloride mercury, boric acid, normal salt, iodine, acetate aluminum, permanganate of potass, etc.

All about specimens of urine and sputum.

SIXTH CLINIC.

Fractures: Beds, splints, bandaging, positions, and handling.

Use skeletons and charts.

Shock: Application of external heat, friction, stimulation.

SEVENTH CLINIC.

Sterilization: Hands, instruments, utensils, dressings.

Field of operation: Dressing simple surgical wound, making iodiform gauze.

EIGHTH CLINIC.

Care of gynecological patients: Positions, local applications, vaginal douche, vesical douche.

Preparation for gynecological examinations and operations.

All of these subjects may be amplified to a great degree where there is time; it would be better to divide them into ten or eleven demonstrations. (The success of this method, like all teaching, depends upon the interest aroused.) Who has not heard, for instance, a dear, good, tiresome teacher describe the circulation of the blood in such a way that it is as interesting as directing one to go one block south and three blocks west and go on until one arrives at the starting-place, whereas the story of the circulation is like a fairy tale if it be properly told. Take, for instance, the vapor-bath or alcohol sweat for a patient in uræmic coma. Nothing a nurse can do for a patient requires more intelligence. It is not enough for her to know that the patient must sweat, but she should know why he needs to sweat, and should watch the effect upon him; she should know why his skin burns so easily, what she may give him to aid the action of the skin, why each individual patient must be a law unto himself as to the length of time he is left in the sweat, why he may need to be taken out after a few minutes, and why she must guard against chilling. It may be made extremely interesting and impressive, or very tiresome and therefore speedily forgotten.

It is a hobby of mine that a few minutes of time from each meeting for class should be devoted to the ethical side of nursing, and these demonstrations not excepted.

NURSE AND PATIENT

By MRS C. G. CURTIS.

IN the very early days of the Boston Training-School for Nurses this question was asked of one of those who from the first assisted in the efforts to make it successful, "How many first-rate nurses do you expect to graduate during the year?" and the answer was, "Just so many as first-rate women enter the school."

This answer was no more true of nursing than of any other profession, and is equally applicable to men and women. But there is this difference: that in scarcely any other position in life, out of one's own home, where we have the right to expect consideration, do personal characteristics count so much for or against success.

The two wise and interesting articles written by Dr. S. Weir Mitchell and by Dr. Worcester in the August number of *THE AMERICAN JOURNAL OF NURSING* have suggested to me that some thoughts concerning the qualities needed to make that profession a successful and agreeable relation between nurse and patient might be useful. They are given as the outcome of an experience of more than twenty years as director on the board of a large training-school, and of careful observation,—I will not say of both sides, for I think the relation must be considered as a copartnership to be a satisfactory one, but of the natural reasons why nurse and patient, coming together without previous knowledge of each other, should each need some forbearance. When you add to this that the usual family routine must be carried on with added work in each department, what wonder is it that without care and consideration friction should come? I speak now of the average household; of course, there are large establishments where the addition of illness would be of less consequence, so far as mere work is concerned.

I happened to be placed in a position where, as a director, I heard from the first many criticisms of the school, levelled, I must say, against the Board of Directors quite as much as against the nurses, and had to answer every kind of complaint, from the most reasonable to "Why cannot you teach your nurses to light the gas without making it pop?" This naturally led me to give much thought to those who required to be nursed, as well as to those who were to do the nursing, with the

result that I felt it was unreasonable not to take into consideration the fact that the public had to be trained to use this new development of the art of nursing as much as the nurses to rise above the old standard.

I was present at the meeting held to consider the first measures to be taken towards establishing the school, or, rather, to find what chance there was that the Massachusetts General Hospital would allow the experiment to be tried there. There already existed a small Training-School at the New England Hospital for Women and Children, but it was desired to establish one in a larger hospital including both men and women. The meeting was opened by the chairman, who in her address used an expression I have always remembered,—that up to this time the advent of a nurse into the household was regarded with horror. It impressed me, because I had had not long before an experience so opposite, of a nurse who had left with me the sense of having for once in my life been relieved from all responsibility for myself and my belongings—a genuine New England woman, who also treated the household below with perfect consideration, and carried their good wishes with her when she left the house. The words I have quoted show what an entire revolution was expected in nursing, and yet one would suppose, sometimes, to hear the account given of an unfortunate experience in the choice of a nurse, that there were no such trials “in the good old times.” But it was then as now: under some circumstances character may count for more than knowledge, and, as Emerson says, “Manners are the happy ways of doing things.”

I wish that I could hope to express some of my thoughts concerning nursing in anything like the clear and searching words in which Dr. Worcester defined his meaning of it, considered as a profession. What I will attempt is to give my impressions as an elderly woman when I have seen young women entering into a new sphere where to work wisely as well as happily would often tax the experience gained in years. I do not speak only of the pupils who graduate from their school at twenty-five or thereabouts, but even of those who have taken up their training at a later age than the average. At whatever age that may be, if the nurse goes straight from a hospital to the practice of her profession, she is entering into a new world. Then too she is usually summoned so suddenly that no opportunity is given for settling the details of the position she is to hold. Were she going as governess, for instance, all that would have been arranged beforehand, and she, as well as her employer, have known something of each other. The engagement certainly would not have been made over a telephone.

A nurse's hospital experiences, even in private wards, do not bring

her the knowledge of what it is to encounter one new household after another, each differing in some way from the last. A very wise superintendent of the Training-School often said, in summing up the career of a pupil, "She is eminently fitted for institution work," or, "I think she will always give satisfaction in private nursing,"—meaning, as I understood her, that the one was more ready to submit herself to the hospital laws, and could therefore better teach them to her pupils, and that the other had more adaptability, more capacity for accepting the inevitable, even in the form of a trying patient, or, perhaps, the patient's still more trying surroundings. There is one rule which I think applies equally to both nurse and household: that what is owed as a duty is also wisest as policy in dealing one with another. Of course, a nurse's rights are defended by acknowledged regulations concerning hours of rest, sleep, exercise, etc. If the patient is not the member of the family usually at the head of the house, and so taken off duty, I think, as a rule, there will be no lack of proper consideration of the nurse. To the nurse herself certain rules as to her duties beyond the actual care of the patient are a part of her instruction; but even these cannot be made absolute, for the very difficulty of the position lies in the fact that each household is a new experience.

But there are two pieces of advice which will hold good anywhere: Show the same consideration in word and deed to the domestics of the house you would feel obliged to show them in your own housekeeping if you thought of what would most tend to good service. And never let sensitive imaginings lead you to think yourself slighted if others of the family do not treat you with as much intimacy as perhaps exists between you and your patient. Sir Arthur Helps says in one of his books, "Friends in Council," I think, "If people would only exercise their imaginations in imagining that others think as well and kindly of them as they do of those others, the world would be a much more comfortable place to live in."

We all have one or two friends whom we love, perhaps, even more for the very organization which makes us know that they must be touched gently; but beware if you find that element in yourself; it will interfere, not only with your usefulness to others, but even with the pleasure you might receive from them.

And now as to the duty owed to the nurse by those among whom she comes, a stranger, knowing her new responsibility only as a case to be dealt with to the best of her knowledge. That the public needs to be trained for the nurses, as well as the nurses for it, was far more applicable, I trust, in the earlier years than now. Then, outside of those actively occupied in the labor of organizing the school, people in general

really knew very little of the amount expended in time, thought, and money by intelligent men and women to bring its existence to pass. Though I was deeply interested in the school, I was surprised when, having occasion to examine the reports of the directors' meetings from its beginning, to find what an immense amount of work was represented, often done under discouragement.

A great improvement in the art of nursing was hoped for, but it was not realized that the whole plan necessarily led up to an education which would alter the standing of nurses. Instead of a woman's taking up nursing without any preparation beyond her own decision, that education represents two or three years of lost time, so far as money-making is concerned.

Then too people so rarely reason out an inconvenient change. For instance, the greatly increased price is a grievance, very naturally, when it necessitates economy for a long time after the recovery of the patient.

I happen to know that in an interval of ten years, from the fifties to the sixties, the price paid a nurse went from six dollars to ten, therefore it is easy to suppose that by the year 1900 it would have much increased under any circumstances. I was assured by two doctors in large practice that their night-bells had become almost useless in consequence of the presence of an experienced nurse upon the spot, who, when no necessity of calling in the doctor existed, decided the question in the negative and reassured the patient, thus saving the cost of a night visit. One experience of being able, in sore need, to go to a telephone and summon a nurse to your aid within half an hour, balanced against the recollection of the time when valuable hours were wasted in a weary search for one, will go far to make one grateful for the change wrought in thirty years, at whatever cost. As this article, if having an interest to anyone, will probably be read only by nurses, it may seem as if ideas offered to the public were out of place in it; but I give them to explain in some degree why a trained nurse is not always regarded as the blessing she was intended to be, and as she so often is.

When the hospitals over the country are pouring out hundreds of nurses every year, how is it possible that among them there should not be a number whom their fellow-nurses would as gladly suppress as would the public?

Someone has said that there is not so great a lack of sympathy in the world as of imagination, and so, if my article were worth a motto, I think the title of Charles Reade's novel would be equally applicable to nurse, patient, and household, "*Put Yourself in His Place.*"

HOME ECONOMICS

By ALICE P. NORTON

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I. THE HOME OF TO-DAY—SOME OF ITS FAILURES AND ITS NEED OF HELP

THE scientific study of society of the last few years has brought into prominence the home as a social factor. Every student of social conditions has seen in it the strategic point of society. One author states emphatically: "Almost every social ill may be traced directly or indirectly to failures of the family in the more or less remote past. However attempts at alleviation may be compelled to address themselves to other institutions, scientific social healing will aim to influence the individual by increasing the efficiency of the family."

That there is a lack of efficiency in the average home of to-day is almost as generally acknowledged. Other social institutions have been gradually assuming the work once performed by the home. Many of its occupations have been removed to the factory or the shop; the children are sent to school for their intellectual training, to the church for their religious instruction (if, indeed, they receive any); the care of the sick is given over to the nurse or to the hospital.

This relief from much of its work should have resulted in the better performance of the functions which are left. Instead, there has crept into the home a lessened feeling of responsibility, a tendency to delegate all its work to other agencies. A mother, putting her eight-year-old boy into school for the first time, said to the teacher, "I have made no effort to teach him obedience, for I knew he would learn that with you."

What is the part that the home should play in this complex organism that we call society? It must provide conditions for the most effective social living; and it must exercise the general control that is necessary to accomplish this.

One of the most essential factors in individual efficiency is health, not sought as an end in itself, but as a means to the highest moral and intellectual development; and for this the home is chiefly responsible. Public sanitation and school hygiene are important and necessary, but they can accomplish comparatively little if the conditions of food, clothing, and shelter are bad.

The home must provide shelter, with all that is implied by it—good sanitary conditions, cleanliness, clothing for the protection of the body. It must provide food to keep the human machine in the best running

order; it makes no difference where the food is cooked, whether in the house or out of it; the selection of food to be used, the regulation of the diet, and the setting of a standard for the preparation of the food are functions of the home. It is no more necessary that the garments should be sewed in the house than that the cloth should be woven and spun there, but the choosing of the clothing and its adaptation to the needs of the body are part of the family life.

Yet even on the physical side a great majority of our families are failing. It is not only in the city slums that we find dirt, and foul air, and poor food. The dirt in the homes of the well-to-do may not be so evident to the senses as that in the slums, but it may be as dangerous in kind. One has only to inspect a number of city apartments to realize that few understand the imperativeness of light and sunshine and air. Poorly selected, if not poorly prepared, food is almost as common in the homes of the rich as of the poor.

It is true that in the last few years there has been a marked increase of interest in these problems of the home. Clubs have chosen them as topics of study; associations have been formed to better conditions; yearly conferences are held in the interest of home life. Among parents themselves a large number are seeking for light on these problems, and are realizing that it is no longer sufficient, for instance, to provide food that is palatable, and presumably digestible, but that it is necessary to study the special needs of the child, of the adult, and of the aged, and to understand the relation of food to growth and to labor power.

On the other hand, many parents not only are lacking in any endeavor to solve the problems that present themselves, they simply do not see that there are any problems to be solved.

Both of these classes of parents need help. The first often find it very difficult to obtain the information necessary to enable them to plan and work intelligently. A large part of the reliable books are too technical to be useful to one without scientific training. An interpreter is needed. The second class are harder to help, for they need not only to be guided, but to be aroused to a sense of their own responsibility and their need of guidance.

Someone has said that society is divided into two classes, people to be worked with, and people to be worked for. It is always easier to work for, than with, those who are not earnestly seeking aid, and many attempts at helping the home have been in the line of doing its work for it. A more difficult, but more useful, task is to inspire the home to do its own work.

For the successful performance of this task the nurse who goes into the home has special opportunity. The mother who would resent the

suggestions of a teacher that her child was improperly clothed and fed, will take without offence the same suggestion made by the nurse who happens to be in her home. The very fact of sickness, and the consequent need of the nurse, tends to make her receptive, and the nurse's opinion carries weight because of her profession.

A nurse possessing tact and an understanding of the needs of the household, especially if to this be added some practical experience in the care of a home, might make almost any suggestions as to the care of the house, and the preparation of food, and general conditions of health without seeming in any way to intrude or to be officious. She will be regarded as the expert who has a right to be heard in these matters. In the many cases where the illness is not serious enough to absorb all the energy and time of the nurse this help could well be given. It is perhaps adding another burden of responsibility, but it affords opportunity for a distinct social service.

For even the most superficial observer can hardly fail to see that there are to-day many forces working to disintegrate the home; that it is losing its hold upon the children; that it is in need of help.

Anything, however little, that will tend to arouse it to its duty, and help it better to fulfil its obligations, will confer a benefit upon society.

(To be continued.)

SCHOOL-NURSE EXPERIMENT IN NEW YORK

By L. L. DOCK

THE Nurses' Settlement of New York is at present conducting the experiment—in coöperation with the Board of Health and the Board of Education—of introducing a trained nurse into the public school system to work in conjunction with the medical inspector of the Health Board who inspects and excludes cases of infectious troubles among the children. This work of the "school nurse" has been carried on successfully for some time in England, and has been written of fully in *THE AMERICAN JOURNAL OF NURSING*. Miss Honnor Morten's account of how she established this system in the London board schools appeared in the January, 1901, number, and since then items from the English journals showing the extension of the work of several District Nurses' Associations to similar service in the schools of other places have appeared in the Foreign Department of the *JOURNAL*.

Miss Wald, the head of the Nurses' Settlement, has always cherished

the hope that the trained nurse might be introduced into the large public schools of the crowded foreign quarters of the city, and has lost no opportunity of making the "school nurse" of London known to those who might be interested in a similar movement here. Some little time ago Miss Whitelaw, who has had both teacher's and nurse's training, went back to public-school work after having worked in the settlement as a nurse, and from her double stand-point presented a strong set of data to a School Board official, showing the loss of school time often suffered by children who were excluded by the medical inspector from the school by reason of some slight infectious trouble, which by dint of not being attended to remained uncured and debarred the child from its education—all too short, at any rate, for the children of the poor, who must at the age of fourteen leave school for wage-earning.

About the same time the subject of the medical inspection, its good points and its weak ones, was spoken of at the Nurses' Settlement by an official of the Board of Education, and practical suggestions were invited from Miss Wald and her associates. The experience of the nurses in the settlement was that the medical inspection was deficient from the stand-point of the child, in that it excluded him, but did not advise nor treat him, neither was he looked after.

Their practical suggestion was that a nurse should work with the physician, carrying out under his orders the treatment for simple cases, without excluding them from school, and following to their homes the more serious cases of eye, head, or skin trouble, seeing that they received medical attention, teaching the mother, when this should be necessary, and keeping a record of the time the child was absent, not allowing it to remain out of school longer than necessary. At present, while the truant-officer has the oversight of delinquent children, he has no jurisdiction over those who have been sent home by the doctor.

This suggestion was cordially received both by the Education and Health Boards, and not long ago the presidents of the two boards dined at the settlement, where the plan was discussed and details for a month's experiment talked over.

The result was that Miss Wald offered to supply a nurse for one month without cost, and on October 1 the experiment was begun, Miss L. L. Rogers, a resident of the settlement, being the one selected to initiate it.

Miss Rogers has a group of schools in the near neighborhood, four in all, having a school population of about four thousand five hundred children. She visits each school daily, having in each one an extemporized dressing-room, with lamps for heating water, etc. Here she dresses or cleanses all such cases as the physician directs, mild cases of

conjunctivitis, minor skin infections, such as ring-worm, etc., and these children need not then miss their class-work, as otherwise they would have to do as a matter of protection to the rest. She then visits all those who have been sent home, and keeps records of them. The teachers have received her in the most cordial and helpful spirit, and the medical inspectors have made the most careful and definite effort at thorough coöperation, that the work may be effective and proceed without hitches.

So far the experiment seems eminently satisfactory, but whether it can be continued is, of course, a matter of uncertainty, as it would involve expense, and municipal appropriations are never large enough. However, that it has been begun is a matter of congratulation, and that it has the support and endorsement of the Health and Education officials is beyond question.

WOMEN INSPECTORS.

THE following are the names of the first women inspectors appointed in the Tenement-house Department of New York City: Miss Mary B. Sayles, fellow of the College Settlements Association; Dr. Margaret Brewster, assistant physician in the outdoor department of the Presbyterian Hospital; Dr. Gertrude Light, of the Children's Clinic at Bellevue Hospital; Miss Anna L. Nevins, Columbia University; Miss Jeanette Moffett, who had charge of the Department of Social Economics at the Paris Exposition in 1900; Miss Emily W. Dinwiddie, of the New York Charity Organization Society; Miss Helen D. Thompson, sanitary inspector of the Civic Sanitary Association of the Oranges, N. J.; Miss Mildred B. Fairfield, inspector and supervisor of the People's University Extension Society of New York; and Miss Christine L. Kuntz, graduate of the Summer School in Philanthropic Work.

[The names of nurses in this list are conspicuous by their absence.—Ed.]



NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



DIET IN DISEASE.—The *Journal of the American Medical Association* says: "Proper digestion depends on the ability of the gastric juice and the intestinal secretions to transform starches, sugar, fats, albuminoids, etc., into an assimilable state. The proteid substances are chiefly acted on by the gastric juice and converted into peptones. The bile and pancreatic juice favor the emulsification of the fats, while the starches are acted on by the intestinal fluids and are changed into maltose and glucose. In disease the normal gastro-intestinal secretions are so disturbed as to require due diligence on the part of the practitioner in prescribing that form of diet which will be most easily digested and rendered assimilable. Suggestions, then, as to the preparation of food for the sick-room are not of lesser importance, but, on the other hand, care in dietetics is, in association with the close observation of elimination by the skin, kidneys, and bowels, the key-note to success in therapeutics. The following methods may be employed in the preparation of the different foods:

"**Barley-Water.**—This may be made by grinding one tablespoonful of pearl barley in an ordinary coffee-mill; add one-half pint of water and boil for fifteen or twenty minutes and strain the liquid off and add salt. This preparation is recommended by Thompson in preference to oatmeal-water whenever the bowels are loose. The latter prepared similarly is preferred when constipation is present. Ringer recommends the following formula for barley-water: To a tablespoonful of pearl barley washed in cold water add two or three lumps of sugar, the rind of one lemon, and the juice of half a lemon. On these pour a quart of boiling water and allow the mixture to stand for six or seven hours and then strain. The barley-water not used at one feeding should not be used later. Half an ounce of isinglass may be boiled in the water if desired.

"**Rice-Water.**—This may be prepared by adding one heaping tablespoonful to one quart of water and boiling it down to one pint. Rice itself contains practically no fat nor proteid substance. It is said by Davis that two and one-half ounces of boiled rice are disposed of by the stomach in three and a half hours and are absorbed very completely by the intestine. Rice is most easily assimilated when the grains are swollen and softened; this is best accomplished by steaming. The digestibility of boiled rice is said to be improved by adding a little butter, which coats the kernels and prevents their forming a pasty mass.

"**Arrowroot-Water.**—This may be prepared by adding one teaspoonful of the arrowroot-flour to one pint of water and boiling for five or ten minutes. Arrowroot, when cooked, is more digestible than any other starch. It may be used in making gruel, and when prepared in the form of a jelly it is said to keep longer than any other form of starchy foods. It is of service in the severer forms of gastritis where the irritability of the mucous membrane of the stomach is so great that other articles of diet cannot be borne.

"**Almond Bread.**—Hare recommends the use of almond bread as an article

of diet in diabetes. It may be prepared by taking one-quarter of a pound of blanched sweet almonds and beating them as fine as possible in a stone mortar; remove the sugar contained in this meal by putting it in a linen bag and steeping it for a quarter of an hour in boiling water acidulated with vinegar; mix this paste thoroughly with three ounces of butter and two eggs. Add the yolks of three eggs and a little salt and stir well; whip up the whites of three eggs and stir in. Place the dough in moulds and dry by a slow fire.

"Beef Preparations.—Meat may be prepared for the sick-room in either the solid or liquid form. Meat powders of various descriptions are on the market and are of use when it becomes necessary to administer food in a concentrated form.

"Scraped beef is not infrequently prescribed by the physician in certain disorders of digestion. When finely divided it is easily digested, for by so preparing with a dull knife the indigestible connective-tissue sheaths are eliminated and the pulp remains, which may further be prepared by running through a sieve. This preparation is of great value as an article of diet in dilatation of the stomach, gastritis, and other diseases. It may be taken in the form of a sandwich, spread on bread. Meat can be easily powdered by drying boiled beef over a water-bath and powdering it.

"Mosquera's beef-meal is a powdered meat prepared by digesting tender, lean beef with the juice of the pineapple and dried. By this means the muscle fibre is partly converted into peptones. It is an odorless and a tasteless preparation containing at least eighty per cent. of nutrient. It can be prepared by simply mixing it with water or warm milk or in cocoa. Like scraped beef, it is a valuable article of diet in the different forms of gastric troubles, such as gastritis, ulcer, and carcinoma, or in any disease where the digesting power of the stomach is greatly diminished.

"Somatose is another preparation which contains about the same per cent. of nutritive substance. It has but little odor or taste and is taken without much hesitation by patients. It may be given in the powder form spread on bread, about one teaspoonful at a time, or, better, in the liquid form mixed with plain warm water, milk, soup, or cocoa.

"Beef-juice is prepared by taking a thick, tender piece of steak and broiling it over a quick fire so as to coagulate the outside only. The juice is then extracted by cutting the steak into small pieces and squeezing them in an ordinary lemon-squeezer or a press especially constructed for that purpose. One or two tablespoonfuls of the juice can then be properly diluted and seasoned to suit the individual case. This preparation is of service in the conditions mentioned above, in the different infectious diseases, and in the feeding of infants after they have reached one or two years of age.

"Beef tea is prepared by taking one pound of lean beef, mincing it, and putting it, with its juice, into an earthen vessel containing about a pint of tepid water; let it stand for one hour and then strain, squeezing out all the juice. Place on the fire and raise slowly to the boiling-point, stirring it briskly all the time.

"Eggs.—Raw eggs, according to Dr. N. S. Davis, may be given directly from the shell, or seasoned with pepper or salt, or added to bouillon, coffee, or milk. A very palatable preparation is made by shaking an egg thoroughly with lemon-juice and sugar, and diluting the mixture with either plain or carbonized water. A very nutritious mixture can be made by shaking an egg with milk and flavoring the mixture with nutmeg or cinnamon.

"Eggnog is best made by adding the yolk of an egg, well beaten, to a glass of milk to which a tablespoonful of sherry wine or whiskey has been added. Sugar and the white of the egg should be beaten together and added by stirring. Sometimes the addition of a tablespoonful of lime-water is of service in aiding its digestibility. Raw eggs, according to Thompson in his 'Practical Dietetics,' are often prescribed when a nutritious, highly concentrated diet is desired, and in cases of tuberculosis, some forms of anæmia, and in the various wasting diseases. Sometimes from eight to ten or twelve eggs are given daily if they can be digested.

"In forced feeding of melancholia or tuberculosis and non-febrile cases eggs are very nutritious, prescribed in the form of eggnog. In the fevers, however, according to the author, eggs are liable to produce nausea and perhaps vomiting; for this reason whole eggs are unfit for fever patients, and the whites alone should be used, prepared in the form of an eggnog.

"*Gelatin*.—Gelatin can be used in the form of coffee jelly prepared after the formula of the United States Army hospitals as given by Thompson: Soak one-half an ounce of gelatin in one-fourth cup of cold water for half an hour; pour on one cup of boiling water, then add one-half cup of strong coffee and two tablespoonfuls of sugar. Strain it through a cloth into a dish, in which it may be cooled in a pan of ice-water or in a refrigerator. A wine jelly can be similarly prepared by adding one-half cup of sherry wine and a small piece of cinnamon to flavor."

NUTRITIVE INFUSIONS.—Southgate Leigh, in the *New York Medical Journal*, describes a plan of his own devising for injecting nutriment into the circulation. To be injected under the skin, the food must be sterile, nutritious, easily absorbed, and liquefied, easily obtained, and readily prepared. These requirements are fulfilled by a saline solution of white of egg. An infusion apparatus is used consisting of a glass funnel with rubber tubing attached, a large aspirating-needle, and the salt is supplied by saline tablets.

TREATMENT OF PULMONARY TUBERCULOSIS.—The *Philadelphia Medical Journal* has a paper on this subject by William A. Caldwell. He says before beginning treatment it is well to remember (1) that tuberculosis is a preventable disease—by destruction of the excretions known to contain the bacilli, and by keeping the organs and tissues of the body at their highest physiological function; (2) that it is a curable disease, as is shown by the reports of many sanatoria in every part of the world and by post-mortem statistics; (3) that there is no specific climate, although some climates have greater healing influences, and that it may be successfully treated in all climates; (4) that there is no specific medicine, only medicine that favorably influences the disease; (5) that to obtain the best results an early diagnosis is necessary. The principles of treatment are: (1) the patient should live continuously in the open air; (2) his nutrition should be maintained by all available means at the highest point; (3) he should have rest suited to his condition and he stage of the disease; (4) all means consistent with his condition should be used to harden the tissues and render them impervious to the invasion of the tubercle bacillus.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

For some time past the need has been pointed out for the establishment of a private psychopathic hospital in New York City. It has been urged that there was no place in the Borough of Manhattan where a person suffering from the early stages of mental disorder could be received for preventive treatment or observation by the best nervous specialists. The New York Infirmary for Women and Children, 5 Livingston Place, has recently established such a hospital in a building apart from the main hospital, but so managed that no additional administrative expenses are incurred and that the interest from all endowment is utilized for the maintenance of patients. An out-door patient department is open, and research laboratories have been fitted up, as well as a limited number of private rooms.

For the proper treatment of nervous patients separate rooms must, it is said, be supplied, and more attendance is required than for nursing patients who can be grouped in wards. A friend has started an endowment fund for the benefit of patients of refinement who are unable to pay. Twenty-five thousand dollars and an endowment of two hundred and fifty thousand dollars is the estimate of what is necessary for the permanent maintenance of this part of the infirmary work.

For educated women, deprived by a nervous disease of the power of earning their living, such endowed rooms are most urgently needed. It is pointed out that the possibility of being under the care of the best specialists for nervous and mental diseases means, more often than is realized, a cure in place of a lapse into a permanently dependent condition.

Dr. Frederick Peterson recommends that hospitals for the acutely insane should be established upon the following lines:

"The hospital for the acutely insane should be located, just as general hospitals are, in the most populous portion of the city, so as to afford convenient access from every quarter. It should have an out-door department or dispensary, where mental cases may be seen in the very earliest stages. It should have its staff of internes and its attending or consulting physicians and surgeons, a well-equipped laboratory, an auditorium for teaching, and opportunities should be given for the professors in medical schools in the city to utilize the hospital material for the instruction of students and physicians in the still neglected specialty of psychiatry. Patients should be received for diagnosis as emergency cases without commitment papers, legal forms to be made use of only after a specified time has elapsed and when it becomes evident that long detention will be necessary. Such psychopathic hospitals as I describe are now organized in every university town in Germany."

Charities comments upon such a hospital for New York City in its issue of October 4:

"Perhaps the greatest advantage of such a hospital in this city is the opportunity it would afford for the prevention of insanity. Through its dispensary and out-patient departments, many overstrained men and women, who felt them-

selves breaking down nervously, might apply for advice and relief, and be saved from the total mental collapse that threatened them. Every year there are nearly fifteen hundred men and women committed to the Manhattan State Hospital on Ward's Island, many of them in the first stages of insanity. To give every one of these every opportunity for recovery is the duty of the State. Happily, the interests of economy make for the same end. By the State Commission in Lunacy it is estimated that every patient discharged from a hospital, by recovery or otherwise, practically means to the State a saving or gain of five hundred and fifty dollars.

"Not the least of the advantages of a psychopathic hospital would be the abandonment for the use of the alleged insane of the pavilion at Bellevue Hospital, which could be put to other needed uses of the overcrowded hospital with which it is connected. It would seem that the city should take advantage of this admirable opportunity to assist the State in the prevention and cure of the disease that is disabling so large and constantly increasing a number of its citizens."

On September 30 the new St. Luke's Hospital at Duluth, Minn., was thrown open to the inspection of the public, and it is estimated that six thousand people passed through its doors.

Despite the crowds, this tremendous number of people was shown completely through the entire building, all parts of which were open to inspection. A staff of twenty-one nurses, with the superintendent, Miss Thornton, was present, and explained all of the various parts of the building and appliances to the visitors. Flaaten's full orchestra occupied one of the rooms on the lower floor and played throughout the evening.

The new hospital, which represents a value of over one hundred thousand dollars, is said to be excelled by none throughout the country, with the possible exception in size by some in the larger Eastern cities and Chicago. It has been in course of construction since 1900, when the foundation was first laid, since which time it has progressed at intervals, owing to delays on account of inability to secure materials for its construction.

The climax, however, of years of planning and working was reached when the beautiful new building, unsurpassed in construction and finishings, was thrown open to the public, and those who have labored so unceasingly for its ultimate success were well rewarded by the favor with which it was received.

It was expected to have exercises of some kind at the opening of the institution, but the unprecedented attendance prevented any but the most simple. These took place at nine o'clock, when the Women's Relief Corps presented to the hospital a beautiful flag. Mrs. A. N. McGindley, in her presentation speech, said in part:

"From the earliest history of the world, to care for the sick and watch by the side of the dying has been the greatest benefit that men could bestow on one another. Your efforts and success in raising this magnificent building has been wonderful, and the greatest credit and assistance should be given you for it."

The operating-room is especially fine, having every modern furnishing and device for the performing of difficult operations both day and night. There are handsomely equipped private rooms, an isolation ward, separate quarters for the nurses, and a handsome apartment for the superintendent of nurses, Miss Thornton. A class of twenty-five nurses was to be admitted at once, and the hospital opened for the reception of patients.

THE Boston City Hospital has just received a bequest of one hundred and fifty thousand dollars by the will of the late Lamont G. Burnham. The money was originally a gift to Harvard College, the will being drawn November 1, 1900, but was revoked by a codicil December 2, 1901, which gave the sum to the City Hospital "to construct and equip upon the hospital grounds a building to be known as the Lamont G. Burnham ward, for such uses and purposes as the trustees of said hospital shall in their discretion determine."

ON October 16 the anniversary of the first use of ether at the Massachusetts General Hospital (1846) was observed, and addresses were made by Dr. J. C. Warren and Dr. J. G. Mumford in the original operating-theatre of the hospital.

TRAINING-SCHOOL NOTES

MISS ALBERTINA JOHNSON, Class of 1895, Mrs. Cutler, Class of 1896, and Miss Minnie Dow, Class of 1900, Illinois Training-School, have accepted positions as head nurses at Dunning, beginning their service early in July. Miss Johnson and Mrs. Cutler both have work in the Hospital for the Insane; Miss Dow was assigned to the sick wards of the Infirmary (Poor-House). Unfortunately, sickness in her family called her home and she will not be able to return.

There have been extensive changes in the *personnel* of the faculty of the Illinois Training-School. In recognition at once of her need and her just desert, the board has granted Miss McIsaac a five-months' leave of absence. The time so far has been spent in Michigan and Canada, and a trip abroad is contemplated. With great reluctance the Board of Managers accepted Miss Grant's resignation from the office of superintendent at the Presbyterian Hospital, and in recognition of her thirteen-years' faithful services presented her with a diamond brooch. Home duties were the cause of Mrs. Higsbee's withdrawal from the Directory. Miss Breeze is acting superintendent of the "County," with Miss Dick and Miss Eleanor Hubbard assisting, and Miss Briggs, Class of 1890, in charge of the Directory. At the Presbyterian, Miss Euphemia McIsaac has succeeded to Miss Grant's place, with Miss Romine assisting.

Miss Fitzgerald, Class of 1901, is in charge of the contagious ward at the County during the temporary absence of Miss Hubbard.

Miss Osborne, Class of 1891, is office assistant at the Presbyterian.

The departure of Miss Grant for her home in Scotland is much regretted by her many friends. Previous to her sailing, a small company of her intimates met at the home of Dr. Hackett to wish her "bon voyage." We hope a kind fortune may send her back to us soon. Her address will be 24 Fife Street, Duftown, Scotland.

Miss Lutz has been obliged to give up her work at the Training-School, her duties at the Clover Club leaving her time for little else. She is succeeded in her class work in Domestic Science by Mrs. Fish, instructor in that subject at Lewis Institute.

Probably all our members have heard by this time of Mrs. Sanders's sudden and severe illness and of her wonderfully rapid recovery. After some days of anxiety and loneliness it is with a feeling of gratitude and felicitation that we visit the Home again and find her active as ever in her extensive duties as house mother. And we are thankful also for another lesson and example given us of the most indomitable will and courage, and an energy that the years seem never to diminish.

Miss Louise Seymour, Class of 1884, has given up nursing and will make her home in Merrill, Wis.

Mrs. Nellie Krummer (*née* Bird, Class of 1896), of Detroit, was a visitor at the Home recently.

A letter from Miss Soper informs us that she is delighted with Honolulu, which she considers ideal in many respects. As a field for nursing it is less attractive, being already occupied to an unprofitable extent. Miss Stoker also writes from Manila of the enjoyments of living in that land, and of the good work of our representatives in the Philippines, Misses Woods, Nichol, and Wolfe.—*Illinois Alumnae Journal*.

THE Hope Hospital Training-School of Fort Wayne, Ind., held graduating exercises on the evening of October 13 at the Masonic Temple. There was an interesting programme of music and addresses, after which a reception was held at the house of the president of the Executive Board, Mr. Samuel M. Foster. The graduates were Mrs. Elizabeth Erwin Wilkinson, Fort Wayne, Ind.; Miss Elizabeth Melville, Detroit, Mich.; Miss Chloe Aurora Criswell, Fort Wayne, Ind.; Miss Ada Selena Hicks, St. Thomas, Ontario; Miss Harriett Orlena Miller, Albion, Ind.; Miss Ethel Louise Roper, Toronto, Ontario; Miss Ida Rosella Ranck, Tippecanoe, Ind.

THE graduating exercises of the Training-School for Nurses of St. Luke's Hospital, Duluth, Minn., were held on the evening of September 23 at St. Paul's Church. After the usual exercises a reception was held at the Guild Rooms. The following young ladies received diplomas: Frances M. Root, Thomastown, Conn.; Donna C. Voney, Faribault, Minn.; Helen Jensen, Christiania, Norway; Sophia A. Beresford, Duluth, Minn.; Marie D. Forbes, Montreal, Quebec; Anna M. Gogarn, Munising, Mich.

MISS ETHA BUTCHER, of Chandlerville, Ill., a graduate of the Johns Hopkins Training-School, Class of 1901, sailed from New York October 1 to take her place as superintendent of nurses in the Mary S. Ackerman Hoyt Memorial Hospital, Shansi, Northern India. The physician in charge of the hospital is Miss Rose Fairbank, a graduate of the Johns Hopkins Medical School, Class of 1900. Miss Butcher goes out for a term of five years.

MISS BERTHA RUSSELL, graduate of the Bridgeport Hospital, Class 1901, has accepted the appointment of assistant superintendent of the Meadville Hospital, Meadville, Pa. The past year Miss Russell has had charge of the operating-room in the Bridgeport Hospital. Many good wishes are extended to Miss Russell in her new position.

THE Provident Hospital of Chicago graduated the following class on October 15: Gertrude Cecelia Ward, Rilda Inez Phelps, Isabelle Whitted, Minnie Marion Dyer, Lillian Lovetta Johnson, Lorenda Slaughter Reid, Nellie Alverta Palmer, Lillian May McDougall.

MISS EMMA MCCOY and Miss Nellie Hannon, graduates of the City Hospital Training-School, Rochester, N. Y., have returned from Cienfuegos, Cuba, where they have been for a year as head nurses in the Civil Hospital.

DR. SEABROOKE, who has for several years been superintendent of nurses at the Methodist Episcopal Hospital, Philadelphia, has resigned to take the position as superintendent of the Woman's Hospital.

MISS MARY E. PEARSON has been transferred from the Hospital St. Isabel, at Matanzas, to Puerto Principe, where she has charge of the Training-School for Cuban girls.

MISS MARY CRULMAN DECHMAN has returned to her home, and Miss Ella Smalley has succeeded her as head nurse of St. Elizabeth's Home, Providence, R. I.

MISS ELIZABETH REID, head nurse at the Boston Insane Hospital, has resigned to take a position at the Hartford Hospital. Her new duties began October 14.

MISS E. RYAN, superintendent of the Heaton Hospital, Montpelier, Vt., has resigned. Her work at the hospital has been very satisfactory.



COLOR OF THE FÆCES.—A paper by Dr. Connor in the *Medical News* says the normal fæces are brown, of varying degrees of darkness, which are due largely to the bile pigment and are influenced by other causes, such as digestive secretions, food residue, discharges from the intestinal wall, and accidental ingredients, such as drugs. The bile pigment is bilirubin, which in part is oxidized, either in the bile-passages or soon after reaching the intestines, into biliverdin and several allied bodies. The pancreatic juice may have some influence, but not much under normal conditions. As a rule, a vegetable diet produces much lighter-colored stools than does a diet chiefly of meat. In infants the fæces are of an orange-yellow color or that of the yolk of an egg. The intestinal discharges are mucus, pus, serum, blood, etc., which may modify the color, pus, for instance, giving a distinct yellow or yellow-greenish color; serum giving a straw-color where the usual fecal pigments are lacking, as in cholera. Blood may make various changes in the color, and certain articles of diet, like cocoa, huckleberries, etc., may produce an appearance which may be easily mistaken for disorganized blood. Among the drugs Connor mentions are bismuth, which produces a blackish or dark-green color due to bismuth oxydyl and not to bismuth sulphid, as so commonly believed. The greenish stools attributed to calomel are not so frequent as supposed; a blackish-gray color occurs from iron, the yellow-colored from rhubarb, senna, and santalin. The clay-colored stools of jaundice are well known, and he quotes Bunge as attributing this more to the presence of fat than to the absence of bile. Greenish stools are common in children but rare in adults excepting in certain cases of diarrhœa, where Fleischer believes that they occur only when there is an inflammation with increased peristalsis of both small and large intestine and never when one or the other alone is involved, since in these cases either would have time for the reduction of biliverdin to hydrobilirubin.

TREATMENT OF ERYSIPELAS.—The *Dietetic and Hygienic Gazette* advocates covering the affected area in erysipelas and a part of the surrounding skin with a thick layer of white vaseline. This is protected with a mask of linen held in place by a gauze bandage. It is applied twice a day. The results are very good. Fever diminishes in two or three days; pain and tension are relieved. The advantages claimed for this treatment are the absence of pain and irritation caused by the usual applications of bichloride or iodine.

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



BOSTON BRANCH.—The first meeting for the season of the Boston Branch of the Guild of St. Barnabas was held at St. Stephen's on the evening of September 24. A fair number were present and much interest was manifested. In his address our chaplain spoke on words from the Epistle for the week, "I therefore . . . beseech you, that ye walk worthy of the vocation wherewith ye are called," exhorting us to take up the winter's work in its proper and Christ-like spirit. At the business-meeting delegates were chosen for the coming council, the associates being Miss Sargent or Mrs. Sprague, the members Miss Morris or Miss Barbrick. Mention was made of the Quiet Day for nurses which had been held by Father Osborne at St. Margaret's the Sunday preceding. About forty were present, and the subject for the addresses was the life of St. Matthew, on whose day the retreat was held.

Beginning with the Holy Eucharist at eight, addresses were given at ten, with Morning Prayer, and at two, three, and four, ending with Evensong and address at six.

At each address a little service was held, consisting of a hymn, prayers, and meditation on the subjects suggested by the address.

These subjects were *obedience* and *courage*, as shown by St. Matthew in answering the call, "Follow me;" *constancy*, in adhering to the command; *willingness* and *humility*, in carrying out the life necessary to his discipleship.

In his application of these lessons to a nurse's life, Father Osborne spoke of the nurse's *vocation*, which is Christ's "Follow me." The nurse is made instrumental in relieving and curing His sick; she has a *duty* to the soul as well as to the body of her patient, and must recognize the necessity of giving out sympathy, but of controlling her own feelings and not demanding sympathy from her patient. Her *relation to her fellow-workers*, to *church work*, and her *church duties* were also dwelt upon. Silence was kept all day. We who have been privileged to attend retreats at St. Margaret's know what helpful, restful days they are, and how the reverend brother and the sisters devote themselves to the comfort of their guests.

I am sure the nurses in Boston are sorry to lose Mr. Trenholm, who has gone to England for a considerable period of time. His kindness and interest were felt by all, and some of the nurses much enjoyed the Bible-class held by him at the House of the Good Samaritan on Thursday evenings. We hope we may some day welcome him back.

We have lately seen a copy of the *Misericordia*, the publication of the English Guild of St. Barnabas, and a very delightful little sheet it is. The particular number mentioned gave an account of the festival meeting and the sermon of the Bishop of London; it also spoke of Bishop Whitehead's presence and address. Judging from the description of the meeting, there must have been much fun and good feeling. We wish it were possible to exchange with our English sisters, but the difference in price between their sheet and ours might stand in the way.

ORANGE, N. J.—The first meeting after the Annual Day always has a special attraction of its own. It is much to be regretted that the day was so stormy that it kept many away who would otherwise have been present, particularly those who were to have been admitted, about eighteen names being on the waiting-list. We met at Grace Church, Orange. The Rev. Oscar Moore was admitted as priest associate. The chaplain, the Rev. Alexander Mann, gave an address of welcome and encouragement, impressing upon his hearers the necessity of always pressing forward in their life as individuals and as a guild. A business meeting followed in the Parish House adjoining. The work of the coming year was discussed and committees appointed to draw up the calendar, which now has almost superseded the old-time postal-card notices, and to gather suggestions for our sewing-parties, which begin by being monthly and during Lent are held weekly. Members were exhorted to consider the subject of the *News-Letter* and to attend the next meeting, to be held again at Grace Church, in large numbers.

In the last week of July and after a prolonged illness, most patiently endured, Mrs. Agnes Victor was called to her Eternal Home, and gained the rest she had well earned.

BOSTON.—St. Martin's House, 33 Bradford Street, South End, Boston, was opened in April for the benefit of the colored people of that neighborhood under the supervision of the Rev. C. N. Field, S. S. J. E., of the Church of St. John the Evangelist, Boston. Work was carried on through the summer with a good result. A flower mission, play room, sewing class, and singing classes were means of gaining a hold upon the people. Picnics and car-rides gave pleasant outings. A Sunday-school and a Thursday evening service have both been well attended. Plans for the winter's work have been formed, and if the necessary funds are forthcoming, everything points to a good year. A kindergarten and industrial work of different kinds for boys and girls will be carried on, also a reading-room for men. It is a work which was greatly needed in that neighborhood, and its effect has already been felt. The children have responded readily, and it is only necessary to appoint a day and hour, and long before the time a crowd assembles about the door. Visiting has been done in the houses of the people, and a general idea of the neighborhood has been acquired. The house is in charge of Mr. and Mrs. Moore, and visitors are welcome.

NEWPORT BRANCH.—The annual meeting of the guild was held June 19, 1902, at half-past three P.M., at St. George's Church. Rev. Mr. Beattie, rector of St. John's, conducted the guild office and presided over the business meeting. There was a celebration of the Holy Communion at St. George's on St. Barnabas Day, at which the Rev. Emery Porter, D.D., delivered an address to the members of the guild.

Our branch has lost from its numbers an active member, Miss Harriet I. Ancient, who died at her home in Halifax, N. S., on the morning of August 2. She was graduated from the Newport Hospital in the spring of 1902, and had been doing private nursing during the summer.

SYRACUSE BRANCH.—Our guild held its first fall meeting Thursday, September 18. Devotional services were held at St. Paul's Chapel, and a business and social hour in the parlors of the Women's Union, the hostesses being Mrs. James H. Hinman and Mrs. S. L. Kane, associates. A goodly number were

present, and awakened interest was shown. It was decided to hold the social meetings alternately afternoon and evening, as it is expected in this way more of our members may be able to be present. Means for increasing the number of our associates were suggested, and the outlook for the coming year is encouraging.

Our guild has been most delightfully entertained since January last by the members belonging to the Women and Children's Hospital, also by those of the Hospital of the Good Shepherd. The associates greatly enjoy having the members as hostesses, as we are always sure of meeting a large gathering of nurses.

On April 15 a bazaar was held in the assembly-room of the Women and Children's Hospital for the "benefit fund." Fancy articles, flowers, and refreshments were sold, and music and dancing were features of the evening. One hundred and thirty dollars was added to the fund. This was the first gathering since February, no social hour being indulged in during Lent; business meetings only were held during that season.

On St. Barnabas Day Holy Communion was celebrated at six A.M. in Grace Church, Rev. Mr. Coddington, chaplain of the guild and rector of the church, being celebrant. The church is in the immediate vicinity of the Hospital of the Good Shepherd, consequently more than the usual number of members were able to be present.

On July 12 a picnic was held at Edwards's Hall, a pretty spot about fourteen miles from Syracuse. The day was fine and the outing made more than usually enjoyable by a courteous invitation from Colonel Verbeck, head master of St. John's Military School at Manlius, to attend the commencement exercises in the afternoon. Military drills and a sham battle by the cadets, followed by refreshments served in tents on the campus, ended the day.

The annual sermon to the guild was preached, as usual, by our chaplain in Grace Church.

AN OLD FASHION.—Perhaps some of us who cherish in our drawing-rooms or nurseries copies of Luca della Robbia's exquisite *bambinos* are not aware that these bas-reliefs of the fifteenth century are as much "in style" now as when they were executed.

Even in the Italian quarter of Boston to-day the babies are swathed in the good old-fashioned style, and it is stoutly claimed by the parents that such a method of wrapping keeps the little figures straight, and particularly that it prevents bow-legs.

The little creatures look like tiny mummies in their swaddling-bands, but they certainly must be conveniently handled thus securely tied, and we fancy it would be a relief neither to feel the squirming of the little tots, nor to be frightened by the spasmodic jumps that so many babies give.

It surely must be a work of art to swaddle an infant in this way. The baby's only garment is a little wool shirt; the arms are put down by the sides and the body is wrapped in fine linen and a padded square of quilting, and over this is wound yards and yards of—we had almost said bandaging, and certainly it resembles that in the skill with which it is put on. A ribbon finishes the dear little bundles, and until the children are a year old this custom is kept up. Certainly no Italian baby can be guilty of sucking his thumb! After the first birthday the arms are left free and only the lower part of the body is swaddled for six months longer, when the little one is put into short dresses. Sweet indeed must the cooing bundle be to the eyes of its own people, who thus keep up the good old custom in a foreign land.

PRACTICAL HINTS



THE MOSQUITO.—In the last two years the mosquito has risen to high rank in economic importance, and his—or rather her—absence from man's environment is more than ever desirable, for from being an ordinary pest science has proved her pestilential, and upon her narrow but well humped-up shoulders is placed the burden of causing, or at least transmitting, two of the most widespread and dangerous diseases of tropical and semitropical climates, viz., malaria and yellow-fever.

There is probably no more interesting page in the history of biological investigation than that which relates to the life-cycle of the lowly organism that causes malaria. After years of patient and painstaking work this has been proved to be a low animal form called a plasmodium, and not a vegetable form or bacteria. It was first discovered by an Italian investigator named Laveran.

The primary origin of the plasmodium is still unknown, I believe, but its history after introduction into the human body may be summarized as follows: At once, after obtaining entrance into the blood-current, the little animal penetrates into the red cells and lives apparently upon the red coloring-matter of the blood. After it reaches its full growth it divides into a number of parts, each part being a spore and capable of penetrating and living upon a fresh blood-cell when they are set free by the bursting of the walls of the cell in which they have developed. This occurs when the subdivision of the organism is completed. The bursting of the blood-cell walls, or sporulation, as it is called, is practically simultaneous for all the cells that have been infected at one time, and the sudden invasion of the blood-current by the immense number of spores suddenly set free causes the chill or rigor so characteristic of malaria. This cycle of cell invasion by the plasmodium, subdivision of the organism, and sporulation may go on indefinitely if not checked by medication. It is during the comparatively short period of time while the spores are floating free in the blood-current that quinine exerts its poisonous effect upon the parasite, the walls of the blood-cell protecting it from the effect of the medicine at other times. As long as the plasmodia remain in the human body the above-described sequence of changes occurs, but as soon as they are removed an entirely different development takes place. Some grow large only, others throw out slender filaments which separate from their parent body and fuse with the larger non-flagellating forms. This is the true sexual generation of the parasite. So far the change may go on anywhere outside of the human body, but it is only in the stomach of the mosquito, and only in that of the one genus, *Anopheles*, that a further development will occur. Here the fertilized organisms attach themselves to the walls of the stomach and penetrate it to its outer muscular coat, where they locate and begin to grow. After increasing about five times their original size they rapidly subdivide into a great number of small, spindle-shaped cells, called blasts. The continued growth of these blasts finally bursts the walls of their parent and also the muscular coat of the mosquito's stomach at the same time, and they are thus liberated into the body-cavity of their host. Being endowed with great activity, they penetrate into any and all parts of the mos-

quito's structure. Now the one thing that heretofore has caused mankind to curse the mosquito as a pest is its power to poke a somewhat elongated proboscis through a man's skin in order to suck from him a modicum of his blood. As the blood does not always flow readily, the mosquito injects a little dissolving fluid, which has the desired effect from the mosquito's stand-point but is most irritating to man. This so-called poison of the mosquito is its saliva, which is secreted from two glands that lie under the œsophagus and empty into the proboscis. The blast enters these salivary glands as well as other parts of the mosquito's body, and are injected with the saliva into the blood of any person who is unfortunate enough to be bitten. Once introduced into the blood-current, they penetrate the red blood-cell, develop, and by sporulation bring on the malarial spasm.

To prove the correctness of this theory of the cause of malaria three heroes of science exposed their lives and health to a series of experiments, the most striking of which was the following:

Two of them lived day and night upon the heretofore deadly Roman Campagna, slept with their windows open, living as they would elsewhere with the one exception of not stirring outside of their hut during the time when it is known that the Anopheles is abroad and also in having the windows and doors of their dwelling perfectly protected by screens. For three of the most dangerous months they remained in perfect health, although the inhabitants of the neighboring villages were suffering from malaria in all its forms.

As a central experiment some mosquitoes of the Anopheles genus that were known to have sucked the blood of a person sick with malaria were sent to London, England, and there the third hero, the son of a physician, a young man known to be free from disease and who had never been exposed to a malarial infection, permitted them to bite him, and in due course sickened with a severe type of intermittent fever.

These experiments and the biological investigation that I have hastily sketched, seem to prove conclusively what I stated in my opening paragraph, that the mosquito has risen to a high position in economic importance.—R. M. M., in *The Hospital Review*.

RELIEF FROM FLIES AND MOSQUITOES.—It is not known, perhaps, to all nurses that flies and mosquitoes hate the smell of lavender. In my nursing I managed to secure sleep for a fly-tormented patient in the following simple way: Pour into an atomizer half a teaspoonful of the oil. Add to this as much alcohol as will make a saturated solution. Lightly spray a pillow with this, and place it under the patient's head. If the flies are very bad, cover the eyes and nose, and spray hair, night-dress, and bed-clothes. Not a fly will come around while the odor is perceptible.

H. C. L.



OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

SPANISH-AMERICAN WAR NURSES

THE third annual meeting of the Spanish-American War Nurses will be held at Washington, D. C., December 1 to 8, 1902.

The programme, in so far as it can be arranged in advance of the meeting, will consist of business meetings the mornings of Tuesday, December 2, and Wednesday, December 3; of a general reception, December 1; of a number of official receptions throughout the week; of reminiscence meetings; of sight-seeing, and excursions to places of special interest to army nurses.

The second session of the Fifty-seventh Congress will open at the Capitol at noon, December 1, and nurses wishing to see the exercises must secure seats one or two hours before that time. It is an advantage to obtain admission cards in advance from some Senator or Representative, as the long wait can then be shortened.

Railroad Rates.—Concessions of one and one-third fare for the round trip on the "certificate plan" have been secured from a number of roads, provided not less than one hundred persons, including members and their friends, buy tickets. Particulars will be mailed to members. The courtesy of participating in the meetings, except the official receptions and business voting, will be extended to friends of members, and it is hoped that there will be a large attendance.

Head-Quarters.—The business meetings and reminiscence evenings will be held at head-quarters, which will be the Ebbitt House, corner of F and Fourteenth Streets. This is a hotel of the first class, which caters especially to the Army and Navy, and it offers the Spanish-American War Nurses an exceptionally low rate of two dollars and a half a day for room and four meals, including a late supper. If two wish to room together, they can obtain a large alcove or double room. If the European plan is preferred, a room at one dollar may be had at the St. James Hotel, Pennsylvania Avenue and Sixth Street, opposite the Pennsylvania Railroad Station, nine blocks from the Ebbitt. La Petra's Hotel, G and Eleventh Streets, four blocks from the Ebbitt, offers accommodation at one dollar if two occupy a bed. Meals are served at twenty-five or thirty-five cents each at La Petra's and other cafés. To be sure of accommodations at any of these hotels room should be engaged some time in advance and the Spanish-American War Nurses should be mentioned.

Receptions.—It is expected that the President will receive the nurses at the

White House, but a definite appointment cannot be made so long in advance. The Honorable the Secretary of War (Mr. Root) will "be happy to receive the members of the society at the War Department." The recently appointed Surgeon-General of the Army, Brigadier-General R. M. O'Reilly, cordially invites the nurses to call upon him at his office in the War Department. He will be assisted in receiving by Major Jefferson R. Kean (formerly of the Seventh Army Corps), Major Walter D. McCaw, Captain M. W. Ireland, and Captain C. R. Darnall (all of whom served in Cuba and at Montauk), and by Mrs. Dita H. Kinney, Superintendent of the Nurse Corps. The Surgeon-General of the Navy, Admiral P. M. Rixey, will also be pleased to receive the members, a few of whom were appointed for naval service before being reappointed to the army.

The appropriate dress for these official receptions is the white nursing uniform, and each member is especially requested to bring one with her. The Ebbitt is near the White House and War and Navy Departments, and it is probable that the above receptions will be held on the same afternoon.

Hon. J. A. T. Hull, chairman, and the members of the Committee on Military Affairs of the House of Representatives will be happy to receive the members at their committee-room in the Capitol.

Members of the society and friends whom they may bring with them are invited to the home of Professor W. J. McGee and Dr. Anita Newcomb McGee, 1901 Baltimore Street, on Monday evening, December 1, from eight to eleven o'clock. Senator Joseph R. Hawley, chairman of the Senate Committee on Military Affairs, and Mrs. Hawley will assist in receiving, and the members will also be cordially welcomed by Brigadier-General George M. Sternberg, "our Surgeon-General," and Mrs. Sternberg. The officers of the National Society, Daughters of the American Revolution, the officers of the Daughters of the American Revolution Hospital Corps of 1898, and others whom the Spanish-American War Nurses will be pleased to greet, will be present on this occasion. Baltimore Street is on Washington Heights, northwest of the city proper, and is reached by both lines of street-cars. The Columbia Road cars, which pass the Ebbitt, stop one block east of Dr. McGee's house. Evening dress will not be necessary. It is probable that other receptions will be announced later.

Reminiscence Evenings.—Each and every member is most earnestly requested to send some contribution, either large or small, to the "reminiscence bag," which will be opened on the evenings we devote to talking over "old times." If any member cannot come to the meeting, it is hoped that she may at least send us an account of army experiences, or some anecdote that deserves to be remembered. Let these talks be made the most interesting part of the meeting.

Camps.—Each camp of the Spanish-American War Nurses is expected to make a report, which will be read at one of the morning sessions.

Exhibition Drills.—By courtesy of Major W. C. Borden, members are invited to visit the General Hospital at Washington Barracks. An exhibition drill of the Company of Instruction, Hospital Corps, United States Army, commanded by Captain Charles Reynolds, will be held especially for the Spanish-American War Nurses. This will include the erection of a regimental field hospital which will show the complete and most modern equipments of the field hospital, with its kitchen. This feature of the meeting is one which the above-named officers have arranged especially for the war nurses, and which, if nothing else were offered, would be well worth a trip to Washington.

Excursions.—A trip will be made to the National Cemetery at Arlington, Va., across the Potomac from Washington, to view the ground set apart for the

burial, with military honors, of the army nurses of the Spanish-American War who may desire to lie there. The Post Hospital at Fort Myer, at which so many nurses served in 1898, adjoins Arlington and may be visited at the same time.

The Norfolk and Washington Steamboat Company offer special rates to those who may wish to visit Fortress Monroe, "the largest fort in America," with its hospital, which, like Fort Myer, was a large General one in 1898. The Josiah Simpson Hospital is no longer in existence, but visits may be made to the Soldiers' Home and the Normal Agricultural Institute for Negroes and Indians at Hampton, or to the great ship-yard at Newport News, or to Norfolk and Portsmouth, with its Navy Yard, and Virginia Beach, on the ocean. Jamestown and Yorktown are not far distant. The boats run at night, and special round-trip tickets at four dollars will be on sale December 5 and 6, with limit of five days.

A trip to Mount Vernon, the home of Washington, will be taken by electric cars.

Sights.—The Capitol, Library of Congress, and many of the other sights of Washington will be visited as fully as time will allow. Committees of the Daughters of the American Revolution have kindly offered their services to escort members about the city. Those who would like to arrive before December 1 in order to have more time in the city are requested to notify Dr. McGee, so that some early sight-seeing parties may be planned.

ANITA NEWCOMB MCGEE, President.

MEETINGS OF NEW JERSEY STATE NURSES' ASSOCIATION

The regular annual meeting of the New Jersey State Nurses' Association will be held in Paterson, N. J., Tuesday, December 2, 1902. The meeting will be called to order at ten A.M. in "Entre Nous" Hall, Oliver Street near Main. For the convenience of such members as can attend only for a few hours, it will be so arranged that all may vote in the election of the officers at whatever time they may be present. There is much important work to be done, and the meeting bids fair to be exceedingly interesting.

EFFA FAHRINGER, Secretary.

MRS. BEDFORD-FENWICK'S LETTER TO THE SUPERINTENDENTS AT DETROIT *To the President American Society of Superintendents of Training-Schools for Nurses.*

DEAR MADAM: As president of the International Council of Nurses it is my privilege to convey to the American Society of Superintendents of Training-Schools for Nurses, assembled in annual conference, the greetings of this council, and to wish success to its deliberations. In the nursing world the past year has been, to some extent, one of contemplation in regard to the many lessons learnt at the great International Nursing Congress at Buffalo, but we must now begin to look forward instead of backward, for the next meeting of the International Council of Nurses at Berlin in 1904 will soon be here. The date has been fixed with only a three-, instead of a five-, years' interval between the two meetings in order that it may be held simultaneously henceforth with the quinquennial meeting of the International Council of Women.

It is not proposed to organize a Nursing Congress at Berlin, but to hold two sessions of the International Council of Nurses, one for the transaction of business, and the other to afford an opportunity for receiving reports upon questions of vital interest to the nursing profession. A subject which at once

suggests itself at the present time is that of the State registration of trained nurses (concerning the desirability of which a unanimous resolution was passed at Buffalo) and, as a necessary preliminary, the definition of the educational curriculum for nurses which should be insisted upon before they are held eligible for such registration. I shall be glad to receive from the American Society of Superintendents suggestions as to subjects they consider desirable for discussion before the Agenda of the meeting is sent out next year.

I have watched with great pleasure the organization of State associations of nurses for the purpose of obtaining State registration in the United States. The reports of the progress and experiences of these associations cannot fail to be of interest and benefit to the nurses of other nations.

In Great Britain we have this year, as you are aware, formed a society having the State registration of trained nurses as its sole aim. We have found by experience that if the subject is incorporated in the objects of other societies it does not receive sufficient prominence to be effective. The present business of the society is the education both of the public and of nurses on the whole question of registration and its educational and economic effects.

Effective interest is difficult to arouse, for in this country reforms are not easy of attainment without the support and social influence of the leisured classes, and the educational and economic issues involved in the State registration question are incomprehensible to the average protected and non-wage-earning woman, nor do the self-supporting and self-respecting aspirations of trained nurses appeal to her.

It is difficult for a democratic country to appreciate the political influence of the aristocratic classes in a country which maintains a monarchy. It is the intellectual middle classes who, for the most part, appreciate that the higher education question is involved in our demand, and from whose ranks some of the brightest and best women have come forward to help us by acting as vice-presidents of our society, women who have made their mark in educational and other public work, and whose help and advice will be invaluable to trained nurses, who are, as a class, neither independent nor versed in the methods of public business.

Recent communication with the matrons and many trained nurses in this country on the question of State registration has been distinctly encouraging. Whereas ten years ago many of our most deeply respected matrons were either totally ignorant of or opposed to legal status for trained nurses, with very few exceptions they now declare themselves in favor of the principle of State registration, although many of them do not at present seem inclined to take an active part in urging this reform upon the Legislature. The economic side of the question naturally affects private nurses much more closely than those working in institutions, and it is largely the private nurses who are coming forward to join our new society and urge forward its propaganda.

I am to have the privilege of speaking before meetings of nurses on this question in Scotland at an early date, and have every hope that when once the forceful women of North Britain begin to consider the question they will not be long in giving it strong and hearty support.

Indeed, the attainment of the registration of trained nurses seems to be within measurable distance, for the precedent established in the registration of the medical profession must, in compliance with the laws of evolution, sooner

or later be universally applied to that of nursing. We have only to advocate our principles with courage and constancy, and the victory is ours.

I am, dear madam,

Yours faithfully,

ETHEL G. FENWICK,
President International Council of Nurses.

REGULAR MEETINGS

BROOKLYN, N. Y.—The regular meeting of the Long Island College Hospital Alumnæ was held on Tuesday, the 7th instant, being the first meeting after the summer vacation, Miss A. Davids, the president, in the chair, twenty-one members being present. Miss Jensen, the recording secretary, not having returned from her vacation in Norway, her duties were undertaken by Miss M. Tweedale. Miss Burdick, having just returned from a European trip, gave some account of how hospitals were conducted there. After the conclusion of the meeting refreshments were served and a happy social hour enjoyed by all present.

CLEVELAND, O.—The graduate nurses of the Cleveland General Hospital met at the hospital September 22, 1902, to organize an Alumnæ Association. Officers were elected as follows: President, Miss Johnson; secretary, Miss Reuter; treasurer, Miss Spaldinger. Miss Smythe, superintendent of the Training-School, was elected honorary president.

BROOKLYN, N. Y.—A meeting of the Graduate Nurses of Brooklyn, N. Y., was held in the Hoagland Laboratory Thursday, October 2, 1902, the president, Miss B. Montieth, in the chair. The minutes of the previous meeting were read and approved. The report of the Committee on the Constitution was presented and on motion was adopted. After a recess of fifteen minutes for the signing of the constitution by those present the meeting was again called to order, but owing to the lateness of the hour it was adjourned, subject to the call of the president.

HARTFORD, CONN.—The quarterly meeting of the Hartford Hospital Alumnæ was held at the Nurses' Home on September 2. The following officers were elected: President, Miss Wilkinson; vice-president, Miss Butler; treasurer, Miss Way; recording secretary, Miss West; corresponding secretary, Miss Russell.

A special meeting of this alumnæ was held at 90 Buckingham Street October 8. At this meeting it was unanimously voted to unite with the Hartford Branch of the Guild of St. Barnabas in raising a fund to provide a private room and bed for nurses at the Hartford Hospital.

PHILADELPHIA, PA.—The regular meeting of the University Hospital Alumnæ was held on Monday, October 6, at three P.M. in the Nurses' Home. The president called the meeting to order, nine members responding. After roll-call correspondence which has accumulated since the regular secretary went abroad was read. The resignation of the vice-president, Miss Shackford, was learned with much regret. The names of twelve members were dropped from the roll. Since the amendments to Articles III. and VIII. were made they may be reinstated at any time upon payment of arrears in dues. One new member was proposed. Then

followed an interesting talk by Miss Pulaski about the ways and means of raising money for the "E. R. Fund," immediately after which the meeting adjourned.

BOSTON.—The New England Hospital Training-School Alumnae Association began its monthly meetings at the hospital on Saturday, October 11, at three P.M., with Miss Hodgins, the president, in the chair. There were sixteen members present and four new members were enrolled. The topics discussed were the sick relief fund and how best to meet the needs of sick members; "The Club-House: the club-house seems to be one of the things for us in the near future;" "The Registry: Should nurses who are not registered be given cases from the Registry?" The next subject for discussion was the school pin. The present pin will be modified and made smaller. The design remains the same,—Maltese cross in the enamel and laurel-wreath in gold. The centre head will be abolished, and in its place will be the letters N. E. H. in gold. Members who desire to have the class pin can procure the same by applying to Miss A. Dillet, New England Hospital. The meeting adjourned at 4.15 P.M. Tea was served at the Nurses' Home.

BUFFALO.—The regular meeting of the Erie County Hospital Alumnae Association met September 3 in the pretty balcony of the new hospital building, the junior nurses having arranged it very prettily for the graduates. Routine business was transacted. The Committee on Revision of Constitution, Miss Keating, chairman, asked for an additional three months, in which to complete its work. The president, Miss McKinnen, is very enthusiastic about the Alumnae Association, and made some pleasing remarks about the members being more sociable in their meetings, instead of devoting all their time and thought to the study course. She suggested that a motto be chosen, which subject will be taken up later. Some remarks and a suggestion by the secretary in reference to our Alumnae joining the New York State Nurses' Association were well received by the members, and it was moved, seconded, and adopted that an application be sent in before the regular meeting in January. The meeting adjourned at five P.M. to meet the first Wednesday in December.

NEW YORK.—The Post-Graduate Nurses' Club has been moved to 120 East Thirty-first Street.

FROM the *Alumnae Association Journal* of the Illinois Training-School we take a number of interesting notes this month:

"The Committee on Programme, Dr. Hackett and Miss DeWitt, report that the following lecturers have been secured:

"October.—Dr. Norman Bridge, 'A New Field of Usefulness for the Trained Nurse.'

"November.—Jane Addams, 'Sociological Topics.'

"December.—Ernest P. Bicknell, superintendent Bureau of Charities, 'Organized Charities.'

"January.—Musical.

"February.—Henry W. Thurston, 'The Evolution of Industry.'

"March.—Florence W. Kelly, superintendent National Consumers' League, 'Consumers' League and Legislation of Child Labor.'

"April.—Julia Lathrop, 'Trained Nursing for the Insane.'

"May.—Final meeting of the year and a picking up generally of all loose ends.

"It is earnestly desired that while the question of programme is subject to vote, the voting will be a mere formality, and the above report will be received with unanimous approval."

MISS LENA L. ROGERS, of the Nurses' Settlement at 265 Henry Street, New York City, has just returned from a three-months' trip abroad.

CORRECTIONS

On page 57 of the October number Miss Charlotte R. Brown should be credited as being in charge of the Hartford Hospital Training-School instead of the Boston Lying-in Hospital.

In the birth announcements of the same number the date of graduation of Mrs. Tate should read 1895, instead of 1902.

MARRIAGES

At Chicago, Ill., on October 1, Mrs. Elizabeth Burgett to Mr. George Delwin Wood. Mr. and Mrs. Wood will reside in Colfax, Iowa.

At Meriden, N. Y., on September 23, Miss S. Louise Laird, graduate of the Rochester City Hospital School for Nurses, to Dr. Thomas Jefferson Currie.

In New York, on May 30, Miss Hope Field, graduate of Long Island College Hospital, Brooklyn, Class of 1890, to Mr. William H. Bentley, of Jamestown, N. Y.

At Salida, Cal., June 12, Miss Lela C. Thirsh (Illinois Training-School, Class of 1897) to Dr. Charles A. Ferris.

At Marion, Ia., June 11, Miss Nora Helen Stookey (Illinois Training-School, Class of 1897) to Mr. William Harry Clark.

At Detroit, Mich., June 4, Miss Helen M. Bagly (Illinois Training-School, Class of 1900) to Dr. Franklin K. Burr.

MISS ELIZABETH BARNETT (Illinois Training-School, Class of 1897) to Mr. David Franklin Peck.

BIRTHS

At Brooklyn, N. Y., August 27, 1902, to Mrs. J. Howard Markle, a son. Mrs. Markle was Miss Effie Scudder, a graduate of Long Island College Hospital, Class of 1892.

To MRS. MASON (*née* Adelaide Green, Class of 1901, Illinois Training-School), Cambridge, Mass., a daughter.

OBITUARY

ST. LUKE'S ALUMNÆ, CHICAGO.—It is with deep sorrow that we announce the death, on October 1, of Mrs. William T. Wells, formerly Louise Salter. Mrs. Wells graduated from St. Luke's Training-School, Chicago, 1894. After a year of private duty she became associated with the Chicago Visiting Nurse Association and later went to Columbus, O., to start the visiting nurse work there. In October, 1899, she was married to Mr. Wells, a prominent business man of Columbus.

To few women is it given to exercise in so short a life-time so marvellous an example of love and duty as to Louise Salter Wells, for both in her private and professional life to know her was to love her.

Resolved, That we, the members of St. Luke's Alumnæ Association, extend our united and heart-felt sympathies to the bereaved husband and relatives of our sister nurse.

Resolved, That a copy of these resolutions be sent to her family and entered upon the minutes of the association.

MAY D. COLLINS,
ALICE BEARDSLEY,
JESSIE M. KEYS,
HARRIET FULMER,
MAY C. DRAPER,

Committee on Resolutions.

MISS SUZANNE PARIS died at Xenia, O., on September 13, 1902, after an illness of four months' duration. She was a graduate of Cook County Hospital Training-School for Nurses at Chicago. For a time she was superintendent at Waukegan, Ill., and did private nursing in both Chicago and Indianapolis. She was a member of the Graduate Nurses' Association of Indianapolis, Ind., and was a most conscientious and cheerful nurse.

At her bedside at the time of her death was Miss Mary Paris, her only sister, who by her death is left quite alone. Miss Mary Paris is a graduate of The Flower Mission Training-School for Nurses, Indianapolis, Ind., Class of 1887.

The following resolutions were adopted by the Graduate Nurses' Association at their regular meeting, October 8, 1902:

"WHEREAS, Inasmuch as it has pleased Almighty God to remove from our midst our dear associate, Miss Suzanne Paris, a member of our association,

"*Resolved*, That we, the members, record our sorrow at the loss of our dear friend, since the sudden removal of such a life from our midst leaves a vacancy that will be deeply realized by the members of this association, and will prove a loss to the nursing profession; and be it further

"*Resolved*, That with deep sympathy for the bereaved sister of the deceased, we express our hope that even so great a loss to her may be overruled for good by Him who doeth all things well.

"*Resolved*, That a copy of these resolutions be sent to THE AMERICAN JOURNAL OF NURSING for publication, and that a copy be sent to the sister and the same recorded in the minutes of our meeting.

"MISS HALE,
"MISS CORLISS,
"MISS BELK."

DIED, in Geneva, N. Y., on October 5, 1902, after a brief illness, Mariah Morrison, graduate of Blockley Hospital Training-School, Class of 1892.

"It is with much sorrow that the Geneva Association of Graduate Nurses receives the news of the death of Miss Mariah Morrison, one of our most esteemed members. Since her graduation from Blockley Hospital Training-School, Philadelphia, in 1892, she has for the most part been engaged in private nursing in and about Geneva, in which work her efficiency and faithfulness have won for her the lasting friendship of patients and physicians, while her modest, loving nature has endeared her to those who had the privilege of knowing her intimately. She filled a useful place in the life of this community, and her death comes as a personal bereavement to many.

"Since the organization of our association Miss Morrison has been one of our officers, and has always manifested great interest in the affairs of the association. We, her associates, feel that in her death we have lost a sincere and much-loved friend and the profession a highly esteemed member. Be it therefore

"Resolved, That we do sincerely sympathize with her mother and sister in their great bereavement, and desire to express to them the esteem in which we held our sister-nurse.

"Resolved, That a copy of this resolution be sent them and also placed upon our minutes, sent to the *Trained Nurse*, THE AMERICAN JOURNAL OF NURSING, and the *Geneva Daily Times*.

"In behalf of the association,

"GERTRUDE SEELY,
"Secretary."

DIED, at Brooklyn, N. Y., July 21, 1902, of uræmic coma, Miss Harriet C. Hynds. Miss Hynds was a graduate of the Methodist Episcopal Hospital Training-School for Nurses of Brooklyn, N. Y., Class of 1901. Although her work had scarce begun, she ranked as one of the most skilful of her school.

The following resolutions were adopted at the last meeting of the Nurses' Alumnae Association of the Methodist Episcopal Hospital:

"WHEREAS, It has pleased our Heavenly Father to remove from our midst Miss Harriet C. Hynds, one of our youngest and brightest members; therefore

"Resolved, That in her death our association has lost a highly esteemed and much-loved member, and the profession a most energetic worker.

"Resolved, That a copy of these resolutions be sent to her family with our deepest sympathy, also that copies be sent to THE AMERICAN JOURNAL OF NURSING, the *Trained Nurse*, and *Hospital Review*, and that record be made of the same in the minutes of this meeting.

"SADIE C. PAYNE,
"KATHRYN F. LEWIS,
"Committee on Resolutions."

IN MEMORIAM.—Miss Fannie Scovill, graduate nurse Long Island College Hospital, entered into immortality at Denver, Col., September 15, 1902.

"As comes the evening to one weary," so came the end of life's pilgrimage to this dear one. The shadow that has fallen across hearts and homes by the clouds of sorrow is illumined with the memories of the past, and there are no regrets nor accusing voices to darken them. A life so gentle and so useful brightens even the gloom of the grave, and the mortality which has come to its

natural end invests her remembrance with an immortality that has no limit. All who knew her cherish the memory of past hours spent in her company, and her devotion to duty, her cheerful performance of it, and the patience amid suffering that brought rest at last are the bright hues that linger around the place of the going down of her sun. Her guardian Angel led her,

‘With a gentle hand
To the land of the great Departed,
Into the Silent Land,’

and they who remain say, ‘Good-by till God’s morning.’”

At Salida, Cal., early in September, of appendicitis, Miss Cora Sibole (Illinois Training-School, Class of 1900).



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



HOURLY AND VISITING NURSES IN HOLLAND

Miss KRUYSE, matron of the Wilhelmina Hospital, Amsterdam, Holland, sends us the following account of the well-systematized work there, both in hourly and in visiting nursing:

"As I have seen in the JOURNAL several times mention of the daily nursing, I think it will interest you and your readers to hear something about the modified system of district nursing we started at Amsterdam three years ago. Our nurses go to everybody, to the rich as well as to the poor, and the following charges are made by the committee of the Amsterdam District Nursing:

| | One visit per day. Dollars. | Two visits per day. Dollars. |
|--------------------|--------------------------------|---------------------------------|
| First class | .40 | .80 |
| Second class | .30 | .54 |
| Third class | .20 | .30 |
| Fourth class | .10 | .16 |
| Fifth class | .06 | .10 |
| Sixth class | .04 | .06 |

WEEKLY CARDS.

| | One visit per day. Dollars. | Two visits per day. Dollars. |
|--------------------|--------------------------------|---------------------------------|
| First class | 2.40 | 4.80 |
| Second class | 1.80 | 3.30 |
| Third class | 1.00 | 1.60 |
| Fourth class | .60 | .90 |
| Fifth class | .36 | .60 |
| Sixth class | .20 | .30 |

"Assistance at confinements or operations from forty cents to two dollars. No charge is made for extra help if patients are already visited by the nurses. The nurses are not allowed to pay more than two visits per day, unless in special circumstances.

"Special visits are charged at the rate of one visit per day.

"Weekly cards are not issued for those visits.

"Patients or patients' friends are requested to decide which fee they want to pay. The poor only are nursed gratuitously.

"In order to keep the books properly, it is necessary to pay the nurse after the first or second visit.

"Weekly cards must be taken and paid for in advance.

"The nurses are not allowed to accept presents of any kind.

"Donations to support the district work will be gratefully accepted. They can be given to the nurse in exchange for a receipt if desired.

"Subscriptions, two dollars, not including nursing.

"Subscriptions and donations are thankfully received by the committee.

"We started the work with six fully trained nurses and opened three districts, two nurses living together in each district. From the very beginning the work has been appreciated very much, and because the number of patients increased continually, two more districts, again with two nurses in each, were opened last January.

"One of those districts includes one of the most populous and needy parts of the city.

"To a certain extent the work is supported by voluntary public subscriptions and donations, but they are not near sufficient to carry it on.

"The nurses receive a salary of three hundred and sixty dollars, out of which they have to provide themselves with board, lodging, and uniform, but no district bag. Provision is made for their pension, and for their premium they receive during the first three years twenty dollars, and after that twenty-eight dollars and thirty dollars.

"To show you that the poor are not neglected, I give you an account of the visits and earnings during March, April, and May of this year.

MARCH.

District I.

Classes:

| I. | II. | III. | IV. | V. | VI. | |
|----|-----|------|-----|----|-----|--------------------|
| — | — | — | — | 4 | 134 | Free patients 251. |

Total number of visits, 389; 3 extra visits.

District II.

Classes:

| I. | II. | III. | IV. | V. | VI. | |
|----|-----|------|-----|----|-----|-------------------|
| 34 | 22 | 127 | 87 | 93 | 43 | Free patients 49. |

Total number of visits, 455; 4 extra visits.

District III.

Classes:

| I. | II. | III. | IV. | V. | VI. | |
|----|-----|------|-----|----|-----|--------------------|
| 15 | 12 | 89 | 136 | 35 | 102 | Free patients 144. |

Total number of visits, 532; 4 extra visits.

District IV.

Classes:

| I. | II. | III. | IV. | V. | VI. |
|----|-----|------|-----|----|-----|
| 11 | 57 | 37 | 22 | 18 | 22 |

Total number of visits, 171; 4 extra visits.

District V.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|-----|-----|---------------|
| — | 6 | — | 18 | 136 | 109 | 114. |

Total number of visits, 387 ; 2 extra visits.

All the nurses together paid 1934 visits and 17 extra visits. They earned \$172.06.

APRIL.

District I.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 3 | 2 | 54 | — | — | 61 | 258. |

Total number of visits, 380 ; 3 extra visits.

District II.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|-----|-----|---------------|
| 9 | 20 | 129 | 67 | 115 | 15 | 93. |

Total number of visits, 447 ; 3 extra visits.

District III.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 15 | 15 | 45 | 117 | 78 | 129 | 110. |

Total number of visits, 509 ; 1 extra visit.

District IV.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 1 | 65 | 48 | 18 | 1 | 5 | 2. |

Total number of visits, 100 ; 4 extra visits.

District V.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|-----|-----|---------------|
| — | 13 | — | — | 145 | 89 | 141. |

Total number of visits, 388 ; 5 extra visits.

The nurses all together paid 1824 visits ; 16 extra visits. They earned \$218.90.

MAY.

District I.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 3 | 13 | 64 | 6 | 5 | 32 | 295. |

Total number of visits, 426.

District II.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|-----|-----|---------------|
| 36 | 22 | 136 | 95 | 103 | 27 | 92. |

Total number of visits, 601 ; 1 extra visit.

District III.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 27 | 55 | 66 | 225 | 65 | 86 | 86. |

Total number of visits, 614; 2 extra visits.

District IV.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| 2 | 44 | 84 | 28 | 5 | 1 | 27. |

Total number of visits, 193; 3 extra visits.

District V.

Classes :

| I. | II. | III. | IV. | V. | VI. | Free patients |
|----|-----|------|-----|----|-----|---------------|
| — | — | — | 18 | 88 | 170 | 105. |

Total number of visits, 381.

The nurses paid altogether in May 2215 visits, and 6 extra visits. They earned \$205.10

"In the June number of the JOURNAL I noticed in the Editor's Miscellany that a woman interne is to be appointed in the municipal hospital service of New York for the first time.

"It will interest you to hear that since September, 1899, the second woman physician is working at present in the lying-in and gynaecological department, and that we have since February, 1901, a woman physician in the general hospital. She attends in the waiting-room and in the fever hospital, and visits the male ward as well, but there she does not attend genito-urinary cases, which are attended by a man. She has her rooms in the residency. The Wilhelmina Hospital is a municipal institution. "L. KRUYSSSE."

DISTRICT nurses in this country will be interested in the correspondence which appeared in *Nursing Notes* in September on the subject of how to improve the service in district nursing, how to attract the right kind of nurse, and also on the point often brought up, viz., should calls for the nurse only be made by the doctor, or should the nurse take calls from other sources? No doubt the workers in English district nursing would like also to hear the views of American nurses on these topics.

E. A. W. writes of the scarcity of nurses for district work:

"This is an indisputable and serious fact, and E. C. in the August number of *Nursing Notes* deserves the thanks of the profession for trying to find a remedy. I cannot, however, agree with her argument in the main.

"Her suggestion that the work should be made 'more attractive' sounds plausible, but it must not be carried out to the detriment of others' rights, and the object and aim of the charity. I consider that it would be a great mistake and injury if no one but the doctors might apply for a nurse.

"This privilege maintains the public interest and sympathy in the work, and conduces to bringing in funds sufficient to provide the requisite staff. It must be borne in mind that the nurses exist for the benefit of the poor as well as to help the doctors.

"The rule of the 'Queen's' secures that there should be no intrusion or thrusting of a nurse without the approval of the doctor, in contrast to the method of some parish nurses, which is, of course, most undesirable.

"Medical men, as a rule, when they have confidence in the nurses realize their position with the public, and are glad to have them at any cases when it is shown they would be of benefit. It often happens that when a child is the patient the doctor takes it for granted that the intelligent, tidy-looking mother must be capable of making her child clean and comfortable. That does not necessarily follow. She is afraid to sponge, and change the damp, soiled clothes, fearing to do harm, and when this is represented to the doctor he is glad of the suggestion of a nurse.

"It must rest with the superintendent, or, if need be, with the committee, to decide whether the cases are suitable to be taken on, or in excess of the nurse's powers.

"I should be glad to know why E. C. thinks cases would be 'more attractive' if sent in by the doctors! It seems to me that if cases of suffering do not interest a nurse she had better take up some other work."

S. W. writes:

"I was very much interested in the article by E. C. in the August number of *Nursing Notes*, but after many years' experience in district nursing work I cannot at all agree with the suggestion that cases should be received only through the doctors. It seems to me we should be falling far short of the ideal in the minds of those who started this work were we not to be ready to help every case of sickness and distress which comes in our way, however it may be brought to our notice.

"What of our long list of poor chronics? In some of these, especially 'parish' cases, the doctor might think it unnecessary to trouble a nurse, or he may forget to send the promised note, and in some distressing cases the nurse has found no doctor in attendance and has been the means of getting the patient into hospital or obtaining the necessary advice.

"I have heard too that in some districts the nurses are considered to be entirely under the control of the medical men and working specially for them, and this is not desirable. I have not known of a case where the doctor, finding that his patient has got the nurse to come, has resented her visits, but has always worked harmoniously with her, and surely doctors come and go as do others, and there may be some who first learn of the work of the district nurse through seeing the result of it on their patients."

"Having read with interest E. C.'s paper in the August number, it appears to me that her suggestions really resolve themselves into this—that district work can only be made more attractive by diminishing it.

"Though it is, no doubt, true that there is a tendency to overwork among nurses, it is open to doubt not only whether district nurses are more overworked than hospital nurses, but whether the impulse to extend work does not come as much or more from the nurses than from the committees.

"But leaving this point aside, E. C. suggests that the limit should be imposed by allowing applications to come through the doctor alone; she implies that this is the only way in which harmonious working can be attained, and that the suffering of 'a few' from the restriction would be fully compensated by increased harmony.

"No known scheme or regulation can guarantee completely harmonious relations among human beings; but it appears that in the main harmonious relations between doctors and nurses can be sufficiently safeguarded by a clear rule that the nurse is to work under the doctor's orders, and a general request that the doctor will give his directions in writing.

"On the other hand, there are very strong reasons for not restricting applications in the way suggested.

"Apart from questions of emergency, in which the roundabout method may waste all-important time, it is evident that the nurse, in the course of her work, can find out cases which need attention in a way impossible for a doctor; among these will be some of the poorest and most neglected, some too who may be first advised by the nurse to send for a doctor.

"Again, the force of E. C.'s argument rests on the assumption that all doctors are completely enlightened as to the advantages and possibilities of skilled district nursing. Such an assumption is quite unfounded; a doctor must often first get to know the advantages of employing the district nurse by experience of her work in cases to which he has not himself summoned her.

"Again, without undervaluing for a moment the skill and the kindness of the medical profession as a whole, it cannot be assumed that all doctors are either efficient or careful, and it must be admitted that the doctors who attend the poor in their own homes are not always the best of the profession; it could not be expected. Because a doctor has had no experience of the advantage of skilled district nursing, because he happens to be careless, is the patient, therefore, to be deprived also of the care of the nurse?

"But even a careful doctor cannot always gauge the increase of comfort to the patient from skilled nursing attendance. There are cases where the nurse is not necessary, where life and death do not depend on her, but where her attendance makes the whole difference, not only to present comfort but to future robustness, and one most valuable testimony to the real efficiency of district nursing is the number of applications sent in by patients and their friends.

"E. C.'s argument appears to me to rest on three fallacious assumptions: first, that there is nothing the district nurse desires so much as diminution of her work; secondly, that work cannot be properly regulated except by limiting opportunities; thirdly, that doctors do not still need to learn by experience the full value of district nursing.

"There is no analogy between the business-man, his clerk, and his affairs, and the doctor, the nurse, and the patient. The patient is not even for the time being the possession of the doctor, nor is nursing a sub-department of the doctor's business.

"M. B."

"May I be allowed as a district nurse of many years' standing to make a few remarks on the suggestions made by E. C. in your August number regarding the scarcity of nurses for district work?

"Make the work more attractive,' E. C. says. How? By lessening the work, shortening the hours, for this is what her suggestions come to. I hardly think following such suggestions as these would make district nursing attractive to the nurse worthy of the name. The wrong, not the right sort of nurse, would be attracted.

"The really good district nurse is one who not only is a thoroughly trained nurse according to modern ideas, carrying out conscientiously the principles she has learned in hospital, but one who has also love and enthusiasm for the cause of humanity.

"Superintendents and committees are not the only members of a nursing association who are anxious to keep up and increase the number of cases. I worked for many years as one of a large staff of district nurses. We were as keen as the heads were that the work and standard should be kept up. All, as a rule, were more willing to work overtime when there was any press, and the superintendent was always ready to give help herself rather than let anyone be overworked. When the work was slack she was equally willing the nurses should have extra time off duty.

"Now I am a superintendent I am thankful to say my nurses are as keen as I am for cases to be numerous. There is never any complaint of too much work or too long hours, though eight hours is the regulation time. It is difficult sometimes to keep a nurse who is not very strong in bounds. It is not the delicate ones, but the selfish, idle ones who are afraid of overwork, but of these I have had little experience.

"District nursing will never be attractive to the purely professional nurse, neither is she wanted in the district. Great tact and unselfishness are required to make a good district nurse. At the same time, the excitement and varied intercourse of hospital life is entirely absent from that of the district, though the latter is most interesting as a study of humanity. Perhaps the qualities required to make a district nurse are rare, and therefore the demand is greater than the supply.

"H. T. B."

"May an old district nurse be allowed to express emphatic objection to the proposal of your correspondent, E. C., 'that every District Nursing Association should make this rule, that all cases must be sent in by the doctors; the work would then be on a steady, firm basis, and much valuable time and strength be saved.' No doubt the greater number of district nursing cases will always come through the doctors, but anyone with practical experience of district nursing will second me when I say that to *limit* the work of the nurses to those cases would be to cripple their usefulness in a grievous and wholly unnecessary manner. Many doctors send notice of acute cases to the District Home; few, comparatively, trouble thus to consider the needs as to skilled nursing of their chronic patients, of which needs they, indeed, often know little; and, further, strange as it may seem, there are a number of medical men working among the poor who do not take the trouble to send cases always themselves, yet welcome the nurse wherever they find her. I speak from an intimate knowledge of work among the poor in London, and I know that in the stress of life as it affects the general practitioner whose work lies chiefly among the poor, it is useless to expect that all the doctors will send all the cases they might to the District Homes. Is the nurse to refuse to wash a patient, to make the bed, to dress the wound, and to perform, in fact, the various offices which the friends would do *were they able*, because the doctor has not 'sent the case'? And what about the cases constantly found by the nurses on their rounds, and those brought by the clergy, district visitors, and other workers among the poor? Are all these to be referred to the doctor before being visited? Is there not even now delay enough in getting the nurse where she is wanted? To suppose that any doctor worthy the name could regard the nurse as an intruder, coming, as she does, to carry out his orders and to help the friends to do so, is absurd. Surely, if such doctors exist, they are in so small a minority that their opinion may be disregarded. I am happy to have no acquaintance with them nor with the nurses who 'thrust themselves or are thrust into services neither asked for nor required.'

"Let me tell you, madam, that the first promoters of district nursing intended the nurses to be for the benefit of the sick poor, and that, therefore, there should be as little difficulty as possible in obtaining their services. I do not consider there is any analogy between the relations of business man and clerk and those of doctor and nurse in the district, and I appeal to all district nurses of any standing and to my fellow-superintendents to join me in refuting E. C.'s statements. Her experience of the matter must have been as limited as evidently unfortunate.

"District nurses must possess sound health and they must not be overworked—though there will be times of pressure in this, as in all other professions; they must be well-cared for, for the sake of the poor they serve if for no other reason, but more than all, they must have that love of what George MacDonald calls 'divine service' which will carry them over the difficulties incidental to their work. It will not be easy to get good district nurses as long as excellence in any kind of work is rare, for theirs is work of which the more we see of it the more we feel that we only want *the best* to do it. There is much to be said upon this subject, but this letter is already too long.

"After twenty-five years' work as a district nurse, I trust, madam, that I am not presumptuous in signing myself, "AMATRIX PAUPERUM."

LETTERS

THE following interesting letter from a (to us) little-known corner of the earth is copied from the *Nurses' Journal*, the official organ of the R. B. N. A.:

"HOSPITAL ORTHODOXE DE ST. GEORGE,
"BEYROUT, SYRIA.

"... It was nearly eight years before I returned to Syria and entered St. George's Hospital, and started carrying out my plans. Doubtless the varied and wide experience I acquired during that time was necessary for me, and in the meantime the hospital had grown, and the committee, after many efforts and many failures in trying to organize the hospital, were glad to give me complete power. . . .

"When I took up the hospital I had a problem to face. The hospital had to be reformed, that was clear; but was I to do it slowly and cautiously, or was I to make a clean sweep of everything to its very foundation and make a fresh start? There had been an English matron before me who had failed in her attempts.

"I thought the matter over for a fortnight, and finally came to the conclusion that to change the moral tone of the place it was best to make a clean sweep of everything and everybody. It was no easy matter, for some of them had been fourteen years in the hospital. But there was a young nun who had been some eighteen months in the hospital. I kept her, and whether I have done wisely or not is yet to be seen, but my intention was a kind one.

"The hospital was in a terrible condition both morally and in reality; the building was beautiful, but dirt, disorder, and chaos reigned everywhere. Male attendants and wicked old Syrian Sairey Gamps had full possession, and the unfortunate place lacked all the elements of a hospital—it was pathetic and laughable to a degree. I worked away for two months before I ventured to bring in the new nurses, besides which the idea was so new to them, and the hospital had such a bad name, that girls and their mothers shrank from the idea

of their coming. Finally I found several, and started them on the same morning. I put them at once in uniform, consisting of blue cotton dresses and Sister Dora caps, much to their own and everybody's admiration. I formed a class, and the first morning I went around with them and taught them bedmaking and doing the lockers. This is all I ever expected them to do of ward work, with the exception of keeping their medicine-cupboards and dressing-wagon clean and washing the surgical implements themselves; otherwise the servants did everything. The nurses were not ladies, but above the servant class. I could never have got them to do the work we did in English hospitals; but in any case, after a short probation, it would never be my principle to mix ward work and nursing together, because I consider that the one is done to the detriment of the other.

"But to go back to the training of my nurses, the only course open to me under the circumstances was to form a class and go about with them from bed to bed, doing everything with them, and it is perfectly marvellous how quickly they grasped the situation. In a few days I portioned out to them each their wards, and every morning they came to me for orders and every night for reports, after which I gave them a lecture on their cases, or lessons in bandaging, temperature taking, charting, etc., and later on the doctors gave them more advanced lectures.

"The nun, whom I at first made head nurse, I put on night duty, as she was older and more experienced, and I was better able to leave her in charge of the hospital at night. Here I may perhaps give my opinion and experience with reference to nuns as nurses, as it has been a much-discussed subject. A nurse is taught thoroughness, loyalty, and pride in her work. A nun does her work because she expects Heaven to reward her for it, therefore she is best with the dying and with chronic cases. She is patient, loving, and devoted, but she is not fit for the rush of acute cases, nor for up-to-date professional nursing. She must fast, attend many offices, and have retreats. Fasting may be the duty of a nun, but acute medical and surgical cases do not thrive where the nurse is faint for want of food, nor are nuns able to fast and attend operations. And this became my difficulty about my nun. As soon as I found out that my nurses were fasting, and noticed their white faces and the giddy, dazed way they went about their work, I put a stop to it by forbidding them ever to enter the wards without breakfast, or to refrain from eating meat except the first and last week of each fast, but this is what I was not able to do with the nun. Greek fasts are long, numerous, and severe to a degree; in some they may not even touch milk or eggs, vegetables, snails, and olives and fruit being all they are allowed. Their feasts and saints' days are also numerous. Consequently my nun was either on her knees in her room in front of a lighted image, or fasting, or at church, and I could never depend upon her for her work. She certainly was excellent with the dying and with the most trying patients, or with infectious cases, even the most loathsome, such as leprosy. She also had a great *prestige* with the patients, and prayed with them, and talked to them, and comforted them. On night duty she did best.

"As to the training of Syrian nurses, I think, on the whole, it may be considered a great success. Some of the small missionary hospitals in Palestine and Syria have had the training of isolated cases, and from what I hear they have proved satisfactory. Of course, none have had the position nor the systematic training the nurses at St. George's Hospital are having. I have put them on their mettle by telling them that they are in their own hospital, sup-

ported by native contributions, the committee and doctors being their own countrymen.

"They are bright, clever, and amiable in their dispositions, but the East consists of disorder and chaos; they are born in it, and cannot understand being punctual and methodical, and consequently want constantly being looked after. They are excellent at surgical work, love bandaging and dressing wounds, and take the keenest interest in their progress. At operations (with the exception of one nurse) they are astonishing; the quickness and deftness with which they learned how to hand the right instruments to the doctors and get everything ready for operations have surprised me.

"The operating-theatre has been fitted up with the latest and most costly sterilizers, table, and glass cases from Paris, and is their pride, for whichever one of them I have put in charge of the theatre has kept it spotless. The doctors used to have their colleagues to help them at their operations, but now they prefer the nurses' help. The surgeons are natives, of course, and since the new *régime* have been able to venture on the major and up-to-date operations. Of course, the nurses are still young and still lack experience, but after a year and eight months I have been able to leave the hospital for the whole summer in charge of an English lady who is not trained, and depend on the nurses for their work, for there is not an order which a doctor can give which they cannot execute. This goes to prove that when special and systematic attention is given to the training of women who have come to the years of discretion, and are fairly educated, the result can but be satisfactory.

"In taking up this hospital my work has not only been the training of Syrian girls as nurses, but I have been able to give the native doctors a helping hand, where, in their own hospital and no longer under European supervision, they have been able to feel their feet and progress in their work. As doctors and surgeons they are very clever, and both in England and in France have frequently passed their examinations with high honors, but as organizers or managers of the hospital they failed utterly. Such things as temperature charts, or cards for prescriptions and dietary, were unknown, and their habits and customs towards the patients were very funny. Syrians are all very clever and sharp, but exactly like big children, and women never take any part in practical affairs. In the East I found myself regarded as a phenomenon.

"I have tried to teach them that as long as they treat their women in the way they do they will never advance or get more than superficially civilized. Until I entered the hospital no ladies ever put their feet in the building, but now there is a ladies' committee, which has been providing the linen for the hospital and most of the furniture (for it was a bare, comfortless place). The rich Syrian ladies live in marble palaces, with the richest and gaudiest of French furniture. They have their dresses from Paris, and wear diamonds and jewels such as never are seen in England except at Court balls. They have grand balls and dinners and entertain European royalties, but with the exception of one of them, who had worked up a girls' school, not one of them had taken up any good works, and they spent their days and nights in playing cards and gambling. Then they took up this hospital, and it has now become their joy and their toy.

"E. W."



CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING OCTOBER 10, 1902.

ABEL, ROSE E., transferred from the First Reserve Hospital, Manila, P. I., to the Military Hospital at Calamba.

Craig, Mary E., transferred from the General Hospital at Presidio, San Francisco, Cal., to the General Hospital, Fort Bayard, N. M.

Haefner, Emma, transferred from the General Hospital, Presidio, San Francisco, to duty on the Crook en route to the Philippines for duty in that division.

Harroun, Mary I., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Krauskopf, Lillian, transferred from the General Hospital, Presidio, San Francisco, to duty on the Crook en route to the Philippines for duty in that division.

Lake, Mabel I., who recently reported at San Francisco from the Philippines, discharged.

Laughlin, Mary C., who arrived from the Philippines on the Meade, discharged.

McCarthy, Julia, transferred from the General Hospital, Presidio, San Francisco, to duty on the Crook en route to the Philippines for duty in that division.

McRae, Henrietta, arrived on the Kilpatrick, August 17, from the Philippines, assigned to temporary duty at the General Hospital, Presidio, San Francisco.

Rourke, Louise R., will remain on duty at the First Reserve Hospital, Manila; orders for transfer to Calamba revoked.

Smith, Stella, will remain on duty at the First Reserve Hospital, Manila; orders for transfer to Calamba revoked.

Talcott, Mary B., assigned to regular duty at the General Hospital, Presidio, San Francisco, Cal.

Young, Ann B., on duty at the First Reserve Hospital, Manila, P. I., since last February, discharged in Manila September 4.

General Orders, }
No. 178. }

ARMY NURSE CORPS,
HEAD-QUARTERS DIVISION OF THE PHILIPPINES,
MANILA, P. I., August 15, 1902.

The following instance of bravery and devotion to duty is published to the division: Nurse Alice Kemmer, Army Nurse Corps, having been granted leave of absence, voluntarily relinquished the same and took upon herself the care of two smallpox patients in an isolation hospital connected with the First Reserve Hospital in this city; one of the patients was the wife of an officer, the other an enlisted man. Miss Kemmer had never had the disease; nevertheless, she fearlessly entered upon her self-imposed task, and throughout the months of April and

May, 1902, devoted herself to the care of the patients, living in the room with the officer's wife, the enlisted man being in an adjoining room. With never more than two hours' sleep at a time, in intensely hot weather, the nurse attended her patients day and night, and saved their lives.

Alice Kemmer was employed as contract nurse August 22, 1898, and as contract nurse and in the Army Nurse Corps served at Chickamauga and Savannah, Ga.; Jacksonville, Fla.; Havana, Cuba; San Francisco, Cal.; Tientsin and Peking, China, and in the Philippine Islands; she has been in the service over three years, more than two years of which has been on foreign duty; her efficiency and attention to duty have been marked.

The division commander takes pleasure in calling attention to and commending such bravery and conscientious performance of duty, and extends to Nurse Alice Kemmer, Army Nurse Corps, his sincere appreciation of her noble conduct.

By command of Major-General Chaffee,

H. O. S. HEISTAND,
Adjutant-General.



SUBCUTANEOUS INJECTION OF QUININE IN MALARIAL FEVERS.—Arthur D. Humphry describes his method in the *British Medical Journal* thus: "The injection is given before eight A.M.; in a teaspoon, about twenty drops of water are well boiled over a spirit lamp. In this is dissolved a three-grain tablet of bihydrochlorate of quinine, the solution again boiled, and then allowed to cool. The skin is well cleansed, and the syringe is sterilized. The needle is then plunged deeply into the muscle,—the deltoid in adults, the gluteus in children being chosen. The writer never hesitates to use this method in acute cases, accompanied by constant vomiting, or in cases of some standing which do not respond to quinine in large or small and frequently repeated doses given by the mouth. The writer then reports several cases. He has always met with success in the use of this method. The site of the injection has been followed by some deep-seated induration, which has generally disappeared in the course of a few days."

MANAGEMENT OF THE UMBILICAL CORD.—In a paper on this subject by Dr. C. S. Bacon, in the *Journal of the American Medical Association*, physicians are advised to tie the cord with a sterile tape four or five centimetres—about two inches—from the body, cut it with a sterile scissors, and wrap a sterile towel round the body. After the mother is cared for the cord is retied at its junction with the skin close to the body. If there is no hemorrhage, the ends are cut rather short and a large sponge of cotton saturated with alcohol placed on the navel. After bathing a dry sterile pad of gauze is bound over it. The alcohol is applied again before and after each bath.

Nurses are advised to cut the cord, leaving a stump about two centimetres—four-fifths of an inch—long. After the bath the cord is wrapped in cotton saturated with alcohol for three minutes. This is removed, the cord wrapped in sterile absorbent cotton, laid to one side, and bandaged. The alcohol is reapplied at subsequent dressings. Care should be taken to apply the wet cotton at the base of the cord, as it is there that suppuration occurs, and also the dry dressing when wrapping it.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: I have just seen in the September issue of the JOURNAL a comment by one of your correspondents upon a suggestion (not original, of course) made by me as to hospital care of the insane in the course of the address I had the honor to give before the National Association of Nurses last May.

I especially regret any misunderstanding on this question, as it is one of great and immediate importance, and so I trust that you may be able to make room for the following extracts from a paper upon "The Treatment of Incipient Mental Disorder and Its Clinical Teaching in the Wards of General Hospitals," by Sir John Sibbald, M.D., former member of the Scotch Lunacy Commission. The paper was read before the Edinburgh Medico-Chirurgical Society in February last, but, unfortunately, did not reach me until after the meeting of the Nurses' Association:

"It is important, in considering the introduction of wards such as we propose into the infirmary, to recognize that they need not differ appreciably from the ordinary wards of a general hospital. The question cannot be fully discussed on the present occasion, but I hope in a few words to indicate broadly the grounds on which I express this opinion.

"It must, of course, be borne in mind that it is not proposed that patients should be kept in the wards for long periods; neither is it proposed that the wards should be places for the compulsory detention of patients. The limitation of the period of residence is important for this reason among others: that it helps to emphasize the fact that the wards are not intended for the treatment of confirmed cases. For my own part, I should be satisfied with a period of residence of not more than six weeks. Before the end of that time, if death or recovery had not taken place, it would in most cases have become evident that removal to an asylum was inevitable. The restriction as to compulsory detention would exclude such patients as, if they are to be interfered with at all, can only be dealt with under the statutory provisions which regulate the admission of patients to asylums.

"In any discussion of the arrangements of the wards, it is also necessary to keep in view the trend of medical opinion as to the treatment of mental disorder in its early stages; and there can be no doubt that this opinion has been steadily moving more and more towards the adoption of methods more closely resembling those resorted to in the treatment of bodily disease. The main indications of treatment, especially for the incipient and transient phases of mental disorder,—whether characterized by melancholic depression, maniacal excitement, mental confusion or stupor,—are to obtain repose, to induce cessation of effort, both mental and bodily, and to restore the nutritive processes to healthy action. In the great majority of cases these results are best attained by medical treatment on ordinary therapeutic principles, by rest in bed, by continuous nursing, and, in certain cases, by a discriminative application of hydrotherapy. In recent years the conviction has been growing that treatment on the lines of that asso-

ciated with the name of Weir Mitchell, which has been found so efficient in dealing with other neurasthenic conditions, is equally applicable to the early stages of mental disorder. It is not, of course, to be regarded as a panacea; but there is good reason to regard it as an essential element in the treatment which is most likely to benefit the great majority of such cases. Active exercise and occupation are no doubt invaluable in the treatment of many cases of mental disorder, but their chief use is either in cases which have not reached the stage when hospital treatment is desirable, or in cases which have passed that stage and have become suitable for treatment in an asylum. Recent experience has shown also that many of the benefits formerly supposed to be obtainable only by voluntary exercise can be better obtained by massage and similar expedients included in the Weir Mitchell method. This method, generally known among alienists as 'bed treatment,' has for many years been growing steadily in favor, chiefly under the influence at first of Guislain, of Ghent, who strongly insisted on its value in the treatment of melancholia, and more recently of Ludwig Meyer, of Göttingen, who advocated its more general use, and its efficiency is now widely recognized among asylum physicians in this country.

"The practical conclusion which, I think, we are justified in drawing from these considerations is that such asylum adjuncts as workshops, exercise-gardens, cricket-fields, and other arrangements not usually found in general hospitals would be unnecessary in connection with the proposed wards. . . . Another late development has brought wards for mental diseases more into line with ordinary hospital wards than they formerly were. This is the introduction of nursing by women in male wards of asylums. In regard to this I shall content myself with a reference to the example of the wards for mental diseases in the general hospital at Copenhagen, where the nursing staff is almost entirely female, and to the position of the matter in the Stirling District Asylum. In that asylum the chief officer on the male side under the medical staff is a lady superintendent. Out of a total of three hundred and fifty male patients, one hundred and fifteen, or nearly a third, are during the daytime entirely under the care of female nurses, and this third includes the great majority of the male patients suffering from acute forms of mental disorder. Sixty-seven of the male patients are at present under the care of female nurses both night and day. I have already indicated that hydrotherapy is useful in some early cases. To provide for this, however, it would only be necessary that a suitably fitted bath-room should be attached to the wards; and in regard to the importance of this treatment I may refer you to a valuable article on the subject by Professor Kraepelin, of Heidelberg, in the *Centralblatt für Nervenheilkunde und Psychiatrie* for December last."

These statements by a man of great authority and long practical experience make clearer than any words of mine could the sort of general hospital care desired for the insane, and whose promotion will, I believe, engage the attention and coöperation of the body of trained nurses. Very sincerely yours,

JULIA C. LATHROP.

ROCKFORD, ILL., September 12, 1902.

DEAR EDITOR: I have found so many missing nurses from the list published by you several months ago that I ask you once more to favor me. Letters to the following nurses have been returned:

Miss Lena L. Konkle, Miss Mary A. Powell, Miss Mary Stines, Miss Anna D. Schultze, Miss Margaret Scheffer, Miss K. L. McDonnell, Miss Laura E. Yea-

mans, Miss Katharine Matthewson, Mrs. Alexis Wilbur-Grey, Miss Alicia Mac kenzie, Miss Mary B. Thompson.

Also these published before: Miss Anna McCreary, Miss Janie McNeill, Miss Alice McManus, Miss Mary C. Menenger, Miss Eva Penn, Miss Minnie Willand, Miss Susan B. Houghton, Miss Mary B. Hill.

"Yours very truly,

HARRIET CAMP LOUNSBERY,
Secretary Order Spanish-American War Nurses.

DEAR EDITOR: Recently there was published in the daily papers an account of a nurse giving an injection of carbolic acid instead of oil to a typhoid patient, thereby causing excruciating suffering and the consequent death of the patient.

Since reading the above it has been in my mind frequently, and while this is offered in no spirit of criticism, or from any desire to publish the circumstance, still, should it not cause both nurses and teachers of nurses to place even greater emphasis upon all possible precautions.

One cannot refrain from wondering whether, in this case, the label was looked at before the contents of the bottle were turned out; also, why did the nurse not detect the acid through her sense of smell?

Let the explanation be what it may, all must agree that these things must not occur through any failure on the part of the instructor of nurses to use every possible means to teach them extreme caution early in their training.

N. E. C.

DEAR EDITOR: I read with much interest the letter written by M. Helena McMillan in the September edition of your JOURNAL. It certainly showed much thought, energy, and enthusiasm. I agree with the writer that the only educational salvation is to have the pupil nurses taught by nurses. But why have her away from the hospital? Couldn't there be a faculty of nurses to teach in their respective hospitals, just as the medical students are taught? Certainly, such subjects as materia medica, cooking, general nursing, obstetrics, anatomy, physiology, and hygiene could be taught by capable nurses. I have watched with keen interest for the past five years the nurses from the large general hospitals to the small sanatoriums, and have yet to find a single candidate for graduation who failed to pass. My contact with nurses for the past six or eight years has convinced me that it is not because they are the brightest and most studious of all students. Is it because their examinations are very simple, or is it because they are treated merely as a joke, a play-toy, by the examining physician?

Are they all allowed to pass and given a diploma to advertise their school, whether they have taken a creditable examination or not?

Will someone answer?

V. V., Richmond, Va.

DEAR EDITOR: There is much sympathetic interest expressed in the pages of the JOURNAL about the nursing of the insane. I would like to say that I am sure that a fine field of work is opening in that line for nurses who have the interest and courage to train for it.

It is a work that requires not only intelligence, but the finest elements of character. It is not ordinary patience and goodness that will adequately meet the demands of constant association with deranged minds. There has been great improvement in the care of the insane, but the new régime of non-restraint,

intelligent observation, diversion, require on the part of the nurse greater ability, patience, and devotion.

All this duty is a great strain on the nervous strength and sympathies of an ordinarily sensitive person. The ideas of many about what it is right that the nurse should have in the way of recreation time, food, and sleeping-accommodations are yet primitive. No one—not even the physician—who has not lived with the insane, hearing, oftentimes, day after day the vilest language or ceaseless melancholic lament, can possibly realize the horror felt by the nurse and the strain it is to bear it.

Inquiry into the length of hours and the number of patients under the nurses' care as compared with the general hospital nurse will indicate the reforms needed. No reflection is cast on the officers of the asylums, as reforms cannot be accomplished in a day, and the coöperation of many people is needed to bring about these changes.

I believe that nurses who are trained in good schools for the care of the nervous and insane should be recognized and allowed to register at the nurses' club registries for their *specialty*; no other nurses are so well fitted to care for those kinds of cases. Dr. Edward Cowles, superintendent of the McLean Hospital for the Insane, Waverly, Mass., and organizer of the Boston City Hospital Training-School for Nurses, also of the only successful system of training nurses for the care of the insane, makes the following statement in his last report, which is worthy of thoughtful consideration by all nurses:

"There is a fallacy somewhere in the position taken by the organized bodies of trained nurses in not recognizing as worthy of membership with them the graduates of schools in hospitals for the insane. It is assumed, even, that no medical nursing is done in such hospitals; it is assumed also that only in a large general hospital can the nurses receive general training, whereas the best training in the general qualifications that make a nurse personally acceptable is to be had where the capacity for adaptation to the varied traits and personalities among her patients is most brought into exercise. In the general hospitals, on the other hand, the pupil nurse is put at once into the practice of the art among patients who are expected to be obedient to her. This throughout appears to be so wholly objective that unless she has inherent certain desirable qualifications she actually acquires a dislike and a certain unfitness not only for nervous and mental cases, but for the work in private families for which a real 'general' training should have qualified her.

"It is quite obvious that there is some error in a course of action which should tend to repress so great a cause as the modern reform in the care of the insane which the system is effecting. The remedy for the present state of things is for the nursing guilds to foster more generously this large and important branch of nursing work. On the other hand, the schools for the insane should make use of the present advancement in the organization of strictly hospital wards and surgical departments for the improvement of the course of training for the nurses."

SARA E. PARSONS,

Graduate of the Boston and Massachusetts General Hospital and the McLean Training-Schools for Nurses.

DEAR EDITOR: Miss Rudden, in the August JOURNAL, takes exception to the out-door uniforms worn by many of the Chicago nurses and asks for opinions

from others. May a nurse who wears one of the said uniforms speak her mind on the matter?

Miss Rudden speaks as though nurses donned or discarded a uniform at will, whereas in Chicago, however it may be elsewhere, the uniform for out- and in-doors is prescribed by the hospital to which the nurse belongs, and she is bound by the articles signed by her when she enters the training-school to wear such uniform *while on duty*, whether in or out of the hospital, so that, whether the nurses wear the uniform in a "meek and holy spirit" or not, it is because their hospitals require it, and not from a desire to be conspicuous.

In regard to the uniforms worn at the alumnae convention this spring, all nurses not on duty appeared in ordinary street dress, but many on private or hospital duty were obliged to appear in uniforms or not at all.

The out-door uniform has been adopted, I think, chiefly for its protection and convenience. A nurse's hours off duty are considerably shortened if she must change from out-door uniform to street clothes and back again. It is perhaps this very thing that has driven the more careless, where no out-door uniform is provided, to wearing cap and apron on the street, or the cotton gown in combination with a Gainsborough hat, or (as I saw only the other day) a scarlet jacket.

Then the nurse attired in uniform is safe anywhere or at any hour. The garb commands as much reverence and respect as that of the nun. In my almost seven years of nursing, I have heard no unpleasant remarks regarding it, and many small courtesies have been tendered me out of respect to my uniform.

The chief objection offered to the street uniform seems to be that the clothes worn on the street are those worn in the sick-room. But doctors also come from street-cars and even more questionable places (bacteriologically speaking), and their clothes have not the advantage of being washed once or twice a week.

For obstetrics and surgery a perfectly fresh or entirely different gown is always worn, so the objection in that case is removed.

We all admit that it is a most unsuitable dress for ordinary wear, and would willingly limit it to its legitimate use for wear while on duty. But it is at present beyond the power of the individual nurse to discard it altogether, and the majority have no desire to do so.

Since many of the wearers of these street uniforms are nurses in first-class standing, graduates of our best hospitals, and are as jealous of the dignity of their uniform as any of the Eastern nurses could possibly be, we are sure our Eastern sisters will hesitate to call them immodest or unwomanly, or to accuse them of any lack of professional spirit.

EMMA MACKENZIE,

Graduate Michael Reese Hospital, Chicago.

DEAR EDITOR: Too little is said about the insufficient supplies in our hospitals. I do not refer to wealthy institutions, but the medium wealthy ones. How can nurses be taught to care for patients properly with an insufficient supply of bed-linen? A child's ward came under my observation recently. Twenty-two children, ranging from four to eighteen months old, were given thirty-eight diapers daily—one day eighteen. How can we expect a nurse to come from that ward conscientious and painstaking. If the services of a carpenter were secured to erect a three-story brick house, and bricks sufficient for a two-story building were furnished, we would be considered insane were we to

demand a three-story house, and yet we ask its equivalent of our pupil nurses in a large number of hospitals. The ambition of our hospitals is to send out an annual report with a large number of patients, aiming to increase that number each year. Nothing is done to increase the ward supplies, that this increased number of patients may be properly cared for. In the face of this glaring fault we constantly hear the question raised, "Why is it that institutional children do not do as well as children reared in our crowded tenements?" If a hospital has room sufficient to accommodate one hundred and twenty-five patients, with clothing and bed-linen, trays, etc., for properly caring for only seventy-five, why increase the number to one hundred and twenty-five? We accomplish more good by properly caring for the seventy-five than improperly caring for one hundred and twenty-five. Our hospitals are certainly institutions for the advancement of good.

E. L. FOELKER.

DEAR EDITOR: First, I want to thank you for your earnest effort to make your—or shall I say "our"—JOURNAL such a useful, interesting magazine. I am wondering now what I ever did without it. I always put in a good word for it to every nurse I meet. Next, I want to thank Miss L. Y. Strum for her excellent letter about small hospitals. As superintendent of another small hospital I want to say that I can thoroughly indorse it. I know by experience that every word she writes is absolutely true. There may be hospitals run for gain, but if there are, I have not come in contact with them. In those hospitals in which I have served the trustees and medical staff have given freely and gratuitously of their time and labor.

Your article on "The Influence that Makes a School" was the only thing needed to finish off and round out Miss Strum's letter.

Sincerely thanking you both, very truly yours,

(MRS.) M. H. LAURANCE,
Superintendent Rex Hospital, Raleigh, N. C.

DEAR EDITOR: I would like, if I may, to use the JOURNAL to ask all of the graduate nurses of the State of West Virginia to confer with us as to the advisability of establishing a State Nurses' Association for the purpose of registration and legislation. All graduate nurses of this State are asked to take an active part in this very important matter. Cordially yours,

MARY GAULE,

Chief Nurse Chesapeake and Ohio Railroad Hospital, Huntington, W. Va.

DEAR EDITOR: I have answered the "Pittsburg District Nurse's" questions, which, however, are covered in the article on "Visiting Nurse Work" in the April, 1902, number of the JOURNAL.

H. F.

1. Never more than ten working calls.
2. Eight hours, but the district nurse finds it impossible to have a prescribed time for leaving her work. Nurses in Chicago frequently work twelve hours.
3. Some societies require this. It is not generally done in the regularly organized associations.
4. No, unless a regular nurse is employed to answer night-calls only.
5. Forty-five dollars, fifty dollars, sixty dollars, is the general salary. This does not include any living expenses.

6. In the cities named the nurse's expenses average from thirty dollars to thirty-five dollars per month.

7. Boston and Philadelphia organized about the same time, 1886.

ONE of our readers in Duluth, Minn., closes a business letter with the following expression of appreciation of the JOURNAL:

"We appreciate the JOURNAL very much. Its up-to-date attitude and the high ideals it stands for help us all in the rush and anxiety of our work. Miss McIsaac's plea in a recent number for nurses' recreation was timely. We must educate ourselves to the idea that recreation—theatre, walking, driving—makes us brighter and more companionable, and a dull nurse is an unnecessary calamity.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



REPLACING TEETH.—Dr. S. J. Bloomfield, of Sherbrooke, Quebec, reports in the *Dominion Dental Journal* that he replaced two central incisor teeth in a boy's mouth very successfully. They had been knocked out by a stone and were brought, covered with mud, an hour after the accident. The pulp tissue was extracted and the cavity dried and filled with gutta-percha. The teeth and mouth were cleaned as thoroughly as possible, the teeth placed in position, and held by a splint made of soft impression compound pressed over the teeth and gum. This was changed three times and removed after ten days, leaving the teeth as firm as ever.

OPERATIONS DURING PREGNANCY.—The *Boston Medical and Surgical Journal*, quoting from a foreign exchange on this subject, says: "Whether extraction of teeth exerts a bad influence upon existing pregnancy is a question of interest to physicians and dentists alike. The author thinks with a normal uterus any necessary operation may be undertaken. Only in operations upon certain parts which have a special relation to the genital function must the possibility of an interruption of the pregnancy be taken into account. With a healthy uterus the month of the gestation does not make any difference. Whenever necessary teeth should be extracted without considering the pregnancy, so with other dental procedures and operations."

EDITOR'S MISCELLANY



MRS. HUMPHRY WARD'S INTEREST IN CRIPPLED CHILDREN.—Mrs. Humphry Ward, the novelist, has interested herself very much in the establishment in the larger English cities of schools for invalid and crippled children. We give some extracts from a letter she has recently written to the *London Times*, knowing this to be a subject in which many of our readers are interested,—and only regret that the letter is too long to be given in full.

"Mrs. Ward writes: 'These children present a hitherto neglected class—the last section of the school population of London to be brought under the care of the School Board. London has been for some time familiar with the excellent work that the board has been doing in training what are called the "mentally defective" children—children, that is to say, whose small stock of brain, if carefully trained and husbanded under special conditions, may still be made enough, in many cases, to carry them safely and decently through life. But there still remained a large number of children in London incapable of going to the ordinary schools, or going there only with risk and danger, while, at the same time, in the vast majority of cases sharply distinguished from the mentally defective. These are the invalid and crippled children—the children who have suffered or are still suffering from hip disease, spinal curvature, scrofulous bone trouble of various kinds, the results of rheumatic fever, infantile paralysis, and so forth, whose wits are often particularly keen and teachable, while their poor, sickly, and stunted bodies make the walk to the school or the risks of the ordinary school-room and playground more than their little strength can face. After two or three years of preliminary experience and inquiry, we now know how many, how terribly many, of these children there are in London.'

"The pioneer school was opened in February, 1899, though for some time before there had been scattered classes for invalid children, maintained by private effort. In the autumn of 1898 the Passmore-Edwards Settlement in Tavistock Place began to consider whether it could not use some of its rooms during the day for a class of invalid children. A list of children excused from attendance at school because of ill-health was obtained, and application was made at the neighboring hospitals for suitable cases among their out-patients. A list of twenty-five children was prepared and sent to the London School Board. The board coöperated and the school opened as one of its special classes. As time went on, one very important point had to be threshed out—namely, whether the existing special schools for mentally defective children should or could be utilized for the crippled children (a few such children had been already accommodated in them), or whether the two classes should be entirely separated. Various persons possessing special knowledge of the subject were invited to confer with the members of the special School Committee of the board, and this conference, after careful discussion, unanimously recommended that 'children of normal intelligence be not taught with mentally defective children.' Later the board took over the expense of the Tavistock School and opened others. . . .

"The children who attend these schools require the most careful and con-

siderate treatment. They are, as a rule—certainly when they enter—in frail general health, even where the disease from which they suffer is no longer acute. All of them want special attention, occasional lying down, special care in food, and medical supervision. The ordinary routine of the school may be thus described: The ambulance starts at eight o'clock and collects the children in three rounds, the order of which is varied month by month. The school begins at nine. Dinner is at twelve in the adjoining room. The children are not admitted to the ambulance in the morning unless they bring with them either their own dinner or three half-pence for the school dinner of meat, vegetables, bread, and pudding. At half-past one work begins again—in summer at two—and at three or half-past three the ambulance starts on its rounds. For the children who have to wait for the later rounds milk is provided, and one of the teachers remains in charge. The waiting-time is spent in summer out-of-doors, and in winter the children are gathered, sewing, reading, or otherwise amusing themselves, round a bright fire in the school-room.

"The children are at very different stages of mental development. As a rule, they enter backward, languid, and ill-prepared, incapable of working the same hours and in the same way as healthy children. The difficulty of grouping them is sometimes considerable. One class-room often contains two or three small classes,—one, perhaps, writing, one summing, one reading,—which the mistress has to show her skill and resource in dealing with, while for certain lessons, of course, they are all gathered together. And, generally speaking, one or two children will be found resting on the couches beside the wall, on whom both mistress and nurse keep a kindly and watchful eye. But, in spite of these drawbacks, after the first year Mrs. Burgwin, the energetic superintendent of special schools under the board, was able to write:

"The actual school life of these children is similar in detail to that of the best of our ordinary schools. In reading, writing, and arithmetic they have made good progress, while in the varied occupations—*e.g.*, clay-modelling, brush work, cane-weaving, and plain needle-work—many excel. . . ."

"The school dinner was a serious problem. 'We were anxious to work out the experiment on well-founded charity principles, and by careful management a dinner of meat, potatoes, and pudding was supplied at a cost of a fraction over three half-pence. The dinner given was good, but it was necessarily simple, not always tempting to sickly appetites, nor always as much in amount as some children could have eaten. It was pointed out to the managers that a more liberal and varied dietary might have marked effects upon the children's health. The experiment was tried. More hot meat, more eggs, milk, cream, vegetables, and fruit were given. In consequence the children's appetites largely increased.

"The physical and mental results were unmistakable. Partially paralyzed children have been recovering strength in hands and limbs with greater rapidity than before. A boy who last year could only crawl on hands and feet is now steadily and rapidly learning to walk. . . ."

"As the movement spreads from town to town, we may certainly hope to see a diminution of our cripple population. The skilled intelligence of the community will be brought to bear upon them, in addition to that parental affection which, as a rule, they get largely, though ignorantly. The schools will arrest and prevent disease, will protect the latter stages of convalescence—one of their most valuable uses—and strengthen weakness. And the addition to child-happiness will be enormous."

CRUSADE AGAINST CONSUMPTION.—“The new crusade against consumption by means of lectures, pamphlets, special relief, and district nursing, which is now undertaken under the auspices of a special committee of the New York Charity Organization Society, is, of course, only a small part of a world-wide movement in which physicians and public-spirited laymen are engaged. Its object is a very definite and practical one. It is desired to lower the death-rate from pulmonary tuberculosis. It is desired to lessen the suffering and distress attributable to this particular disease. It is desired to save life, which, as Dr. Felix Adler has pointed out, is the essence of charity. It is desired, finally, to lessen destitution—a very large part of the destitution which is encountered by the visitors and agents of the charitable societies being clearly due to this disease.

“To prevent premature deaths, to preserve wage-earners to their families, to lessen the amount of human suffering, to obviate much of the existing danger of infection, is the end at which we aim.

“We are not seeking to frighten consumptives or those who are necessarily thrown into contact with them. We do not preach a doctrine of contagion such as would place a barrier between the consumptive and his kindred, or between those who are but slightly affected and opportunities for employment.

“Our message, which comes from the wisest among the scientists and the physicians, is rather one of cheer and confidence. It is of the curability rather than the terror of the disease that our lecturers and our pamphlets are to tell. It is a counsel of optimism and of prudence, an exhortation to patience and to obedience to simple hygienic rules, that is to be carried wherever, by voice or by print, the committee can make its message known.

“With the splendid coöperation already assured from the various departments of the city administration, from physicians, from those who are in position to provide halls and class-rooms, and who have facilities for securing interested and attentive audiences, from the public press, and from many other sources, there is no doubt that the committee will find a fruitful field for its labors. Let no one lose sight of the vital fact that however much attention may seem to be given to research, statistics, leaflets, or relief measures, these are only means to an end, and that this end is a decrease in the number of preventable deaths.”—*Charities*.

The committee needs not less than ten thousand dollars to meet the expenses of this work, as the regular funds of the Society cannot be diverted for the purposes of this special work. The expenditures to be made by this committee will be upon the lines of social as distinct from the medical aspect of tuberculosis, the publication of pamphlets, etc.



EDITORIAL COMMENT



THE A, B, C OF STATE REGISTRATION

It would seem as if every nurse in the land must, after all that has been said and written, understand the reasons for State registration, and comprehend something of how such registration will affect the nurse already in practice, but we frequently hear from or talk with nurses who we realize have failed to grasp, even in the most elementary manner, the reasons for this great movement, and when we consider the apathy and indifference of the thousands of nurses in this country upon the subject, we are moved to again present the matter for the benefit of the uninformed.

The history of trained nursing, as we look back upon it, shows an almost phenomenal growth. When it commenced in the United States, and we will not take time to go back out of our own country, there were comparatively few hospitals, and they were situated in the great cities. The hospitals were large, and the opportunities for practical observation gave an intelligent woman great experience, even without much systematic instruction. A training-school was found to be an economic investment, and as hospitals multiplied in large cities and small, in towns and villages, training-schools have multiplied, every school being a law unto itself as to the amount of actual nursing education it shall give to its pupils in return for their services to the hospital.

In the beginning nurses were few, they were scattered, they were without organization, and, being without voice in the matter of the education of nurses, they did not concern themselves about it. Gradually, as the numbers have increased and societies have been organized, a professional feeling has developed. Nurses in small groups in many parts of the world have concerned themselves about the inequality of the nurse's education and her lack of legal status.

Those nurses who have been the superintendents of training-schools realized first and more fully the inequality of training in this multitude of schools, and the injustice of such inequality to a vast army of pupils. Training-schools are called educational institutions, but educational institutions of every other class must conform to a standard fixed in some way by the law of the State. Universities, high schools, grammar and private schools, must give to their pupils a certain minimum amount of instruction, the standard for which is fixed in some way by law. But the training-school is responsible to no higher authority as regards what it shall teach or how it shall teach. Now, by State registration every nurse after she shall have graduated from a training-school will be required to pass another examination fixed by the State before she will be allowed to practise nursing. By this means all of the training-schools in that State will be obliged to provide for their pupils the kind of instruction both theoretical and practical that will be necessary to enable them to pass the State examination.

By this means it is very plain that all of the training-schools will become more uniform, as they must adopt a certain minimum curriculum which will be compulsory for schools of the lower grade, but will not retard the development

of schools of the higher grade, so it is easily seen that by State registration the first great point gained will be a certain fixed standard of training to which all of the training-schools of the State must conform.

In other words, the law of the State will decide the very least that a nurse must know in order to be considered competent to care for the sick. Right here let us emphasize the point that a law never works backward; for instance, if a bill pass the Legislature requiring that all women practising nursing after January 1, 1904, shall pass an examination and be registered, such a law will not affect nurses who are already graduated and in practice; such women will only be required, before a fixed date, to register their diplomas without taking an examination.

This is exactly the manner in which the medical registration went into effect. Such an enactment, when secured, will be the first step towards placing trained nursing upon the basis of a recognized profession, and this object alone should be enough to rouse the interest and enthusiasm of every woman who has the right to call herself a nurse.

The direct advantages which will be felt by the passage of such a law will be that women who are practising nursing without a diploma will not have the right to call themselves trained nurses. The public will be protected from being imposed upon by such women as Jane Toppan and Miss Dingle, although the public will have the privilege of employing such women, knowing them to be untrained, if it so chooses.

This movement for State registration is a purely educational one; it is the first great concerted effort of nurses for the advancement, elevation, and protection of the nurses of the future; it practically brings nothing to the nurses who are leading the movement in the different States; they have nothing to gain personally in return for the time and hard labor which they are giving to the cause. Most of them are women who have given their best years to nursing work and who have learned by hard, practical experience where and how nursing methods are deficient and in what way improvements and protection can be obtained. But for the apathy of the great multitude of nurses engaged in private practice, the very nurses who are to be most greatly benefited by the successful issue of the registration movement, this whole question of State registration would be carried with but little difficulty.

Each and all of what are known as the learned professions regulate through coöperation with the Board of Education of the State, however that may be organized, the lines upon which the educational standard of its own profession shall be fixed; for instance, the medical societies of the different States send to the educational board the names of medical men from whom a Board of Examiners shall be selected by the State authorities, and this medical board, so appointed, make up the examination papers for the members of their own profession. Nurses in their State organization aspire to create a nursing standard in this same way; they claim the right to make the recommendations to the State board of both the nurses and physicians from whom the examining board shall be selected; in no other way can the foundation be laid for a professional status. Nurses cannot realize, even with all the advance that has been made in training-school methods and upon educational lines, that the trained nurse of to-day has no legal standing before the law. She does not belong to a profession, she is not classed even with the graduates of a technical school, and the woman who has taken up nursing without any training, or who has been discharged from a training-school for serious cause, has the same right to

call herself a trained nurse before the law as she who has given three years of hard work and hard study in any one of the training-schools of the highest grade, having graduated first in her class.

How long will nurses permit such conditions to exist when only a strong, concerted action is needed to improve the educational standard, to protect the public and nurses themselves against impostors, and to give trained nursing a place among the honorable professions?

When we read Mrs. Bedford-Fenwick's letter, sent to the Superintendents' Convention in Detroit, we cannot but be impressed with the difficulties under which the English nurses are working. We, in our greater freedom, have no social struggle against which we must struggle. We have only indifference and lack of unity among the nurses themselves standing between us and State registration.

THE NEW YORK STATE MEETING IN ROCHESTER

We are unable to hold the JOURNAL for the secretary's official report of the New York State meeting in this issue, but will give the bill and an outline of the official proceedings in the next number.

The regular quarterly meeting held in Rochester on October 21, in the assembly-room of the Nurses' Home of the Rochester City Hospital, was unquestionably the best, both in the work accomplished towards registration and in the entertainment provided by the Rochester nurses, of any that has yet been held. There was a carefully arranged programme prepared by the Executive Committee, which greatly facilitated the proceedings, both business and social.

Miss Julia E. Baily, the first vice-president, presided in the absence of the president.

Miss Susan B. Anthony was the first speaker to be introduced, and although now in exceedingly frail health, Miss Anthony's interest in the discussions was so great that she remained in her seat on the platform through both the morning and afternoon sessions, an honor the memory of which those present will always cherish. It was easy for Miss Anthony to give an interesting account of the evolution of the nursing profession. She spoke of the time when she first took up work for women, when the trained nurse was unknown; she described the struggle of the first women physicians to get their degrees, and referred to the introduction of the trained nurse as coming at about this same period; she pointed out the influence which the modern nurse exerts in the family; she referred to the great power of women's organizations, and she emphasized the point that if the thirty thousand graduate nurses in this country had the right to vote they would obtain what they desire much more easily. She closed her address with an earnest appeal to the nurses to remember the power and the influence of their work, and to improve it to the utmost.

At the close of Miss Anthony's address Miss Nye, of Buffalo, moved that a rising vote of thanks be given Miss Anthony for her words of advice and encouragement, which was carried with great enthusiasm.

The morning hours were devoted to the regular routine business and the reports of the standing committees. Miss Keith, the superintendent of the City Hospital, entertained the members and visitors at luncheon between the sessions. The guests were served very gracefully by the staff of house physicians and the head nurses of the hospital.

Mrs. Arthur Robinson, president of the Board of Women Managers, assisted

by Mrs. H. G. Danforth, presided at the coffee-table, which stood in the Memorial Hall, the guests being distributed in groups throughout the assembly-rooms.

The Nurses' Home is well adapted for meetings of this kind, as, in addition to the large assembly-room, which seats over a hundred people, there are several small reception-rooms adjoining, besides the beautiful Memorial Hall, and the guests all enjoyed this opportunity for social intercourse, which permitted visitors and delegates from other parts of the State to become acquainted with the Rochester nurses and each other and made all realize as never before the benefits to be derived for our work by becoming better acquainted.

At the afternoon session Dr. William S. Ely, president of the Academy of Medicine of Rochester and a member of the State Board of Medical Examiners, was introduced and spoke most encouragingly in support of the registration movement. Dr. Ely was followed by the Reverend Father Hendricks, one of Rochester's most liberal philanthropists and a member of the Board of Regents of the University of New York. The addresses of both of these gentlemen will be given in the official report in the next number of the JOURNAL.

The business of the afternoon was the discussion of the bill presented by the Committee on Legislation. At the opening of this discussion the question of the title was introduced. There was great diversity of opinion, regular members and visitors expressing their views freely, but the final decision, when put to vote, was in favor of "Registered Nurse" by a majority vote of thirty-seven to two. The visiting nurses, more than a hundred in number, were then asked for their opinion, and a unanimous rising vote in favor of "Registered Nurse" was given.

The arguments for and against this title will be given in the next issue. Time only permits us to say that the gist of the argument in its favor was that to be registered one must have been graduated and must have been trained in a school receiving the endorsement of the Regents.

The Monroe County Nurses' Association, the Homœopathic Alumnae Society, and the Rochester City Hospital Alumnae Society united in entertaining the out-of-town members and guests at a dinner in the evening given at Teel's Banquet Hall.

The tables were set in the form of a hollow square, the color-scheme being yellow with clusters of great chrysanthemums placed at intervals upon the table. A most delicious dinner was served to sixty-two nurses, to which all did ample justice. After the dinner the nurses passed into the adjoining reception-rooms.

It would seem that our editorial suggestion for "more of the social" had borne fruit when the familiar notes of a "two-step" were heard from the piano, and a number of members joined in a lively dance.

The evening was too quickly over, but the members parted better friends for this hour of pleasure and good cheer.

Rochester nurses attended the sessions in large numbers, crowding the assembly-hall, but of officers, members, and delegates thirty-nine votes only were represented, a small number for so important an occasion, but with each meeting the cause gains staunch supporters and the society additional members. Perhaps a slow growth, if intelligent, is better than a more rapid development without a clear comprehension of the aims of the association.

NURSES FOR THE NAVY

SURGEON-GENERAL RIXEY, of the navy, in his annual report recommends that Congress provide for the establishment of a woman's corps of nurses for the navy

to consist of one superintendent nurse, eight head nurses, sixteen first-class and twenty-four second-class nurses, these numbers to be increased at the discretion of the secretary. If Surgeon-General Rixey's suggestion is favorably acted upon, and it undoubtedly will be as a matter of natural progress, we think some one of our nursing organizations should interest itself to recommend a suitable nurse for the position of superintendent. Why is this not a legitimate question for the American Federation of Nurses to take up?

ILLINOIS FEDERATION OF WOMEN'S CLUBS ENDORSE REGISTRATION OF
NURSES

At the meeting of the Illinois Federation of Women's Clubs, held at Champaign, Ill., on October 17, the delegates pledged themselves to work for State registration of nurses. The subject was presented by Mrs. Hutchinson, the president of the Illinois Graduate Nurses' Association, who stated that there were five bogus training-schools in Chicago that were teaching nursing by correspondence and granting diplomas at the end of six months. Her statement created something of a sensation among the ladies. The public can only be educated to the abuses in nursing education by having the facts presented in a reasonable, practical way by nurses themselves, and every opportunity to speak before women's organizations should be regarded as a duty by nurses.

The bill framed by the Illinois nurses we will give in a later issue.

IMPORTANT ACTION OF A HOSPITAL BOARD

We are informed that the Chicago Hahnemann Hospital trustees and faculty have dismissed from the staff those medical men who are members of the faculty or staff of one of the bogus schools for nurses which professes to teach nursing by mail. This is the first public expression of condemnation of this kind that we have heard of, and we congratulate the Hahnemann board upon its action.

CHANGE OF ADDRESS

We call the attention of our readers to the change in the address of two members of the editorial staff, Miss Thornton and Miss Palmer, on the announcement page.



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